

THE SUICIDAL SELF IN CYBERSPACE: CO-CREATING MEANING AND  
COMMUNITY THROUGH ONLINE DISCOURSE

A Dissertation Presented

by

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## DEDICATION

To all the lives that are lost, and to all the lives that endure.

## ACKNOWLEDGMENTS

Ten years ago, I found myself in the adult unit of a mental hospital. For years I lived in a nightmare world, believing that sinister forces beyond my control were out to get me. Exhausted, I decided that a life lived in fear, loneliness, and despair wasn't worth living; I decided to end my life. Fortunately, I survived. Fortunately, despite my so-called mental illness, I went on to live another ten years, because in these years I've learned that there is value in struggling, in surviving, in discovering community, and in using one's education for the betterment of self and others.

The pursuit of a graduate degree is never a solitary endeavor. I owe a debt of gratitude to those who have journeyed alongside me in this wild ride that is life, to that motley crew of people my partner likes to call "collateral damage." Family members who tolerated missed holidays and jargon at the dining table. Friends who took me out on grocery runs and made sure my refrigerator was stocked. Sober and inebriated colleagues who provided moments of respite from my work, by commiserating about *their* work. Mentors who valued my intellectual contributions, and who were generous in imparting knowledge, wisdom...and deadline extensions.

I am grateful to my committee for transforming the dissertation process from one of doubt and uncertainty, to one of confidence and clarity. I am thankful to Dr. Donal Carbaugh for telling me not to put labels on my work, to Dr. Martin Norden for assuring me that no data is wasted data, and to Dr. Daphne Patai for appreciating the idiosyncratic workings of my mind. Additional thanks go to Dr. Anne Ciecko for encouraging me to

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The people who have nurtured me in mind, body, and spirit throughout the years are many, but this acknowledgment would not be complete without my partner, Benjamin Cleaves. Thank you for enduring my bouts of madness, my outbursts, my long silences, and for greeting me warmly upon my return from the inner recesses of my thoughts.

ABSTRACT

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Much research has been done on the benefits and harms associated with suicidal individuals' use of digital technologies. However, the meanings discursively created by suicidal persons online, and the unique properties of the internet that shape the co-creation of these meanings, have scarcely been studied. This dissertation enlists the ethnography of communication enterprise—specifically, Hymes's (1972) descriptive theory and Carbaugh's (2007) cultural discourse analysis—to understand the communicative possibilities within the digital terrain of SuicideForum.com (SF), the communication scene in question. The analysis uncovers that the discourse, to its users, is both problematic and emancipatory in the ways it creates identity, relations, actions, emotions, and dwelling.

Results also reveal that the website's discursive architecture—its rules, structural layout and design, instruments, and technical affordances—objectify key values and beliefs held by its sponsors, creators, and members. These include openness about one's

stigmatized thoughts and feelings, a supportive orientation toward users in crisis, and protection of feelings of all involved, including offending parties. As a discursive community, SF members discursively construct suicidality in terms of a bifurcated self, relational rupture, and sense of placelessness or entrapment. Within SF's communicative space, members jointly imagine possibilities for emancipation from suicidality, including cathartic ventilation of negative feelings, cultivation of sustaining ties to empathetic others, and reciprocity through "listening" and being "heard," which can be done proximally or virtually.

The dissertation concludes with contributions to the discipline of Communication and to other related fields, including Psychology. These include intra- and inter-disciplinary linkages between the areas of social interaction and culture and computer mediated communication; between platform studies and the ethnography of communication enterprise; and between suicidology and the cultural construction of meaning. The dissertation also offers modest suggestions as to how suicidal users' terms and meanings can augment or remediate existing treatment. Lastly, avenues for future study that situate the cybersuicide phenomenon within the wider discursive field are also addressed.

*Keywords:* suicide, online community, ethnography, cultural discourse analysis, computer mediated communication

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## CHAPTER 1

### INTRODUCTION AND LITERATURE REVIEW:

#### MENTAL HEALTH AND SUICIDE IN ONLINE CONTEXTS

The proliferation of suicide-related content online has led to widespread concerns that suicidal individuals are at an increased risk in our highly technologized world. Consequently, much research has been done on the epidemiology of internet-assisted suicide, or *cybersuicide*, and on risk factors associated with suicidal individuals' online activities (Sher & Vilens, 2009). Of course, every dystopian narrative is accompanied by utopian narratives that celebrate the technology's emancipatory potential (Katz & Rice, 2002). These include the presence of online mental health communities that tend to their members' affective needs (e.g. Giles & Newbold, 2013), and mental health professionals' use of information and communications technologies (ICTs) to identify and extend help to people in crisis (Quinnett & Baker, 2009). In the two decades since the commodification of the internet,<sup>1</sup> the health and mental health disciplines—psychology, psychiatry, medicine, social work, and public health—have contributed significantly to our understanding of the internet's complex relationship to suicidality. But until recently, researchers have worked primarily from what could be called a benefits-harm paradigm.

There is knowledge gap on how suicidal persons use online platforms to discursively co-create meaning, (re)define their identities, relationships, and place in the world, and regulate their conduct and emotions. As a discipline, Communication is well-positioned to address these gaps for it can probe the meanings with which messages are

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<sup>1</sup> Though "Internet" is often spelled with a capital "I," I share Baym and Markham's (2009) preference for the lower case "i" because doing otherwise "suggests that 'internet' is a proper noun and implies that it is either a being [...] or that it is a specific place [...] granting the internet agency and power that are better granted to those who develop and use it" (p. vii).

imbued, arrive at the meanings jointly created by individuals who share personal and social belief systems, and explore the unique characteristics of the internet which allow digital information to be co-created. This dissertation takes a Communication approach to explore the topic of how suicidal individuals use the internet to create meaning by (1) examining the structure, architecture, rules, and technical features of a suicide-related website, and the discursive possibilities that these enable or create; (2) probing suicidal individuals' online discourse to understand problematic ways of being, relating, acting, feeling, and dwelling that contribute to suicidality; and (3) arriving at mutually constituted pathways to emancipation from suicidality that radiate from suicidal persons' online conversations.

The first objective will be met via application of Hymes's (1972) descriptive theory—specifically, by teasing out each component of his SPEAKING mnemonic as they relate to the communication scene in question. The second and third objectives will be met via application of Carbaugh's (2007, 2017a, 2017b) cultural discourse analysis (CuDA) to the messages posted by users of said website, here conceived of as members of a discursive community. Both investigative frames are part of the larger ethnography of communication enterprise, which I address more fully in the next chapter, but given the aims of this dissertation, cultural discourse theory will serve as the unifying theoretical umbrella.

### **Overview of the Literature**

In what follows, I review the extant literature on *cybersuicide*, an umbrella term that encompasses the manifold ways internet use and suicidality intersect (not to be confused with deleting one's own digital persona and social media presence, which has

also been called cybersuicide). I begin with the literature from the health and mental health disciplines because my own career trajectory began with Psychology, and because these are the first to take notice of the cybersuicide phenomenon—unsurprising given that the medical community has long been concerned with suicide prevention and intervention. I then return to Communication, the discipline where I am now situated. Because the internet did not truly become interactive until the advent of Web 2.0 in 2004, it makes logical sense that Communication studies of cybersuicide did not begin to emerge until well past this date. Although such studies are noticeably fewer than their counterparts from the ‘psy’ disciplines, they shed a different kind of light on the cybersuicide phenomenon.

### ***Perspectives from the ‘Psy’ Disciplines: Public Health Concerns***

As mentioned, much of the literature on the relationship between digital technology and suicidality comes from the health and mental health disciplines—particularly, psychology and psychiatry. Because the focal concerns of these disciplines revolve around the maximization of well-being and the reduction of harm, the *cybersuicide* phenomenon is consequently framed as a public health concern, and the internet as a *tool* that can either prevent or promote suicidal thoughts, feelings, and behaviors. In turn, much research is preoccupied with identifying both useful and harmful uses of the internet by suicidal individuals, as well as clinical and sociodemographic characteristics that predispose individuals toward such uses.

The harmful uses identified in the literature are manifold. Some studies focus on the content of asynchronous, *pro-choice* message boards (e.g. Baume, Cantor & Rolfe, 1997; Ikunaga, Nath, & Skinner, 2013), in which self-destructive behaviors appear to be

encouraged rather than discouraged, users' motives for suicide, instead of being challenged, are judged as valid, and death is framed as emancipatory. Other studies focus on how *net suicide pacts* can occur when two or more suicidal individuals who meet online end their lives together at a designated time and/or place (Jiang et al., 2016; Ozawa-de Silva 2008, 2010; Rajagopal, 2004). Unlike traditional (i.e. unmediated) suicide pacts, which form between intimates in response to threats to the continuation of a relationship, such as terminal illness, cybersuicide pacts are typically made between strangers. Demographically, the former involves people in late adulthood while the latter involves mostly young adults, who in death are said to achieve the intimacy perceived to be missing in life (Ozawa-de Silva, 2008, 2010).

Given the power of digital technologies to disseminate information, the speed at which information travels, and the volume of users that can be reached, there is also concern about the proliferation of suicide means and methods online and the ease with which they can be accessed (Chang, Page, & Gunnell, 2011; Gunnell et al., 2015; Kamijo et al., 2013; Morii et al., 2010). There are sites that feature suicide manuals, which provide detailed step-by-step instructions on how to commit suicide, as well as sites that contain message boards for the sharing of "tips" and "tricks," including links to websites where the ingredients to one's demise, such as prescription medicine and firearms, can be illegally purchased. The existence of these sites has given rise to fears of suicide *contagion* (e.g. Fu, Wong, & Yip, 2009), with the internet as the vector of transmission, and epidemiological studies have sought to establish correlations between incidence rates of suicide, on one hand, and the volume of internet searches for particular suicide methods, on the other (Gunn & Lester, 2013; Hagihara, Miyazaki, & Abe, 2012).

Lastly, scholars have also expressed concern about how digital technologies can extend the temporal and spatial reach of harassment and victimization, and the repercussions on vulnerable individuals' social and emotional lives. The most obvious manifestation of this phenomenon, one that has garnered much scholarly and public attention, is suicide due to cyberbullying, or *bullycide* (Recupero, 2012). Far less common is *deathcasting*, or webcam suicide, in which an individual broadcasts his/her suicide live to a virtual audience, typically due to pressure from anonymous viewers who goad the individual into committing suicide with incendiary messages (Stamenkovic, 2011).

With regard to beneficial contexts and uses, many scholars have focused on the content of professional websites tasked with disseminating empirically validated information on suicidality, such as risk factors, warning signs, resources, and treatment options (e.g. Quinnett & Baker, 2009). Several such websites contain message boards where suicidal users can solicit advice from other users or from clinicians who serve as moderators. Of course, pro-recovery sites are not limited to those created and run by professional organizations. Outside of such contexts, there exist mental health social networking sites (SNS) created by suicidal persons and/or their loved ones; support groups within existing SNS like Facebook and MySpace; and blogs that may be part of a blog circuit, in which the struggle with suicidal depression is narrativized (Biddle et al., 2016; Mars et al., 2015; Singaravelu et al., 2015).

Aside from classifying the types of pro-recovery content that exist on the internet, there is also much interest in the actual benefits derived by users from participating in interactive contexts. Such benefits, as identified by Baker and Fortune (2008), might

include *empathetic understanding*, or the feeling that one is understood and the sense of pride that comes with helping others feel understood; *coping*, or changes in the way one manages stressful life circumstances that aggravate suicidality; and *community*, a supraordinate category that subsumes the formation of friendships, the sharing of information and advice, and the exchange of affective support. As many have noted (e.g. Ekman & Söderberg, 2009), participation in supportive contexts can at times be life-saving; highly vulnerable users might renegotiate their lease on life by delaying or halting plans to commit suicide as a result of contact with empathetic others. Since one of the hallmarks of suicidality is ambivalence (Joiner, 2005, 2011), it is argued that virtual encounters with distant yet similar others, who share one's stigmatized thoughts and feelings, can swing the pendulum towards life and away from death.

From a health care delivery perspective, researchers and clinicians have sought ways to use the internet to screen for and evaluate symptom presence and severity (Liu et al., 2014); to administer therapy and supplement existing treatment modalities (Mewton & Andrew, 2015; Robinson et al., 2016); and to gain access to at-risk populations that are otherwise difficult to reach, such as sexual minorities (Hidaka & Operario, 2009). Others have also considered the efficacy of online versus offline delivery of training programs, particularly in the arena of *gatekeeping* (Stone, Barbara, & Posner, 2009), which is designed to prepare professionals likely to come into contact with suicidal persons, including nurses, police officers, residence hall directors, clergymen, and EMTs. When administered face-to-face, such programs are costly, time-consuming, and inefficient because the large expenditure of resources benefits only a small handful of individuals.

Online delivery, however, can minimize time and cost while maximizing the number of beneficiaries.

To summarize, the health and mental health disciplines have advanced our understanding of *cybersuicide* by identifying different types of helpful as well as harmful content, contexts, and uses. Most studies emerging from these fields operate from within a benefits-harms paradigm, not unlike the transmission or effects models that dominated the early decades of mass media studies, during which media were predominantly “one-way” technologies. The transmission model suggested a pathway that focused on the impact of messages on receivers; however, this linear model was complicated by the advent of interactive technologies. More specifically, the internet, which for 30 years was a one-way technology, became interactive with the arrival of Web 2.0 in 2004.

The two-way nature of internet interactivity changed everything, leading to a reconsideration of contemporary digital media as double-edged tools, especially in the realm of cybersuicide. Against this backdrop, the unit of analysis in most cybersuicide studies is typically the individual, who is suffering from some clinical pathology, and the technology is viewed as a double-edged *tool* that can exacerbate or ameliorate the underlying condition. This is the assumption irrespective of research design, be it an epidemiological study, cross-sectional study, case study, psychological autopsy, or content analysis.

However, there is a tendency in the aforementioned studies to conceive of the internet as monolithic and rigidly deterministic of human behavior. Consequently, users are inadvertently treated as passive recipients of harmful or beneficial content, rather than active agents who capitalize on and work around the technical affordances of the internet



to co-create meaning. Furthermore, while many studies address the linguistic content of suicide-related websites (e.g. Gunn & Lester, 2012; Liu et al., 2014; Singaravelu et al., 2015), few studies actually attempt to arrive at the deep personal and social meanings active in participants' messages online, in part because the emphasis is on identifying threats and opportunities, promises as well as pitfalls, and in part because the unit of analysis is the individual rather than the group, culture or community. Lastly, bracketed from consideration is the interactive nature of communication practice itself as sites of coping, empathy, community, and other such dynamics.

### ***Perspectives from Communication***

As mentioned, there is very little writing on the relationship between internet and suicidality from a Communication perspective, as a comprehensive EBSCOhost search has revealed. However, the small handful of studies that do exist touch upon different aspects of the phenomenon, and suggest further avenues for inquiry that can complement findings from the health and mental health disciplines.

One such study, conducted by Sharkey and colleagues (2012), apply Goffman's theory of *face* to study communication on SharpTalk, an online support forum for young people who self-harm (YPSH). Specifically, they studied 2000 hours of activity among 77 YPSH between the ages of 16 and 25, as most SharpTalk users are teenagers and young adults. Like psychological studies of supportive forums (e.g. Baker & Fortune, 2008), Sharkey and colleagues found that users shared experiences, sought and gave advice, and exhibited empathy and reciprocity. The difference, however, is that in this case the unit of analysis is the discourse and its meanings, with meaning here conceived of as an interactional achievement. Specifically, while benefits to participation were

identified, the emphasis is on how users' *protective line* towards one another manifests in their language use online.

Analyses of terms of talk revealed the use of encouragements (e.g. "keep on posting"), endearments ("honey"), and indicators of solidarity ("we," "our," "us"). To reduce the likelihood of *negative face-threats*, and to maintain *positive face* for both advice seekers and givers, participants also enlist several mitigating devices. These include *disclaimers*, or "statements of incompetence" (p. 77); *hedge phrases*, in which suggestions are prefaced with "maybe" or "perhaps"; and *tag questions*, in which an advice is presented as a question. By refusing to issue direct commands, SharpTalk users avoid coming across as insensitive or imposing and assign agency to the addressee, on whom the decision to act falls, thereby removing the "compulsion to act, from an already stressed person" (ibid.). Taken together, these linguistic strategies are evidence of users' respect for each other's autonomy, recognition of their shared vulnerability, and protective orientation towards one another, which one can say are functions of community (Baym, 2010; Willson, 2006).

Two related studies, both conducted by Westerlund (2011, 2013), shed further light on the phenomenon by addressing the counter-discursive functions of suicide-related websites. In the first, Westerlund (2011) examined the content of Swedish Suicide Guide (SSG), a non-interactive online suicide manual aimed explicitly at disenfranchised people on the margins of society. SSG provides morbid descriptions and images of a plethora of suicide methods, cataloguing and categorizing them in a scientific manner devoid of emotion. In doing so, SSG distances itself from the strong feelings the subject of suicide typically provokes. But what makes SSG especially counter-discursive, says

Westerlund, are its adoption of an anti-psychiatric stance, its opposition to authoritative (i.e. medical) discourses on suicide, its criticism of modern society's naïve optimism, and its depiction of death as positive and survival as negative.

Westerlund (2013) continues this line of inquiry in his virtual ethnography of SUIGUI CHAT, a Swedish-based message board for suicidal individuals. It is worth noting that the results of his study complicates the benefits-harm binary typically found in writings on cybersuicide. In some threads, users attempt to dissuade other users from committing suicide; in others, suicide is discursively constructed as having a positive outcome (i.e. freedom from life's woes), and psychiatry is framed as coercive, a view that can defer the possibility of help-seeking. Rather than a utopian or dystopian narrative about technology, one could say that a *syntopian* narrative (Katz & Rice, 2002) is presented instead. But whether SUIGUI CHAT is enlisted for beneficial or harmful purposes, what cuts across both scenarios is a demarginalization of stigmatized identities and the dismantling of disabling and possibly unfair representations. Instead of seeing themselves as abnormal, the products of a defective biochemical makeup, as the medical model would suggest, users instead see themselves as simply all too human, their plight due to circumstances external to them.

The last study of interest here concerns *Man Therapy*, an interactive website and public health campaign created by the Colorado Office of Suicide Prevention to destigmatize mental illness and help-seeking among depressed and suicidal men (Mocarski & Butler, 2015). This is a worthy goal, as Mocarski and Butler point out, for men are more likely than women to die of suicide, to resort to violent means, and to work in occupations that grant easy access to lethal and efficient methods. Moreover, men are

less willing to seek therapy and disclose problems of an emotional sort, for such activities are feminized, rendered as affronts to traditional, heteronormative masculinity—at least in American contexts, in which males are expected to be stoic, self-reliant, fiercely independent, and display no signs of weakness. *Man Therapy* seeks to reframe such normative expectations, making it permissible for men to seek aid and vent their feelings.

As MocarSKI and Butler note in their critical/cultural rhetorical study, the site uses humor and exaggerated forms of masculinity in its attempts to reduce the gender gap in help-seeking and suicide. For instance, Dr. Rich Mahogany, the site’s fictional therapist, is a “cardigan wearing, mustache sporting, barrel chested host” (p. 2). His virtual office is littered with items that connote masculinity—a dart board, a hand axe, trophies from sporting competitions, and taxidermied animals, just to name a few—which visitors encounter at every turn, rendering the therapeutic space hypermasculine and loosening the articulation of therapy with femininity. To further destigmatize mental health care, intimidating language typically found in official psychiatric discourse is omitted, and traits such as honesty and openness about one’s feelings are reframed as masculine, or at least “not unmanly” (p. 10).

In theory, such rhetorical strategies could attract troubled persons who might not otherwise seek help. Having said that, because the architecture of *Man Therapy* is structured in such a way that actual health information is buried under layers of humor, MocarSKI and Butler speculate that visitors might instead question the validity of the site and the helpfulness of its content. Moreover, the different types of humor enlisted by the site are potentially alienating, if not damaging, to segments of the population—namely, those who do not fit hegemonic definitions of masculinity, such as gay, bisexual, asexual,

and transgendered men. For instance, the site uses *enforcement* humor (such as laughing at a male child that wears a dress) to reinscribe societal norms; *differentiation* humor to delineate members of a group (hypermasculine males) from non-members; and *superiority* humor to laugh at others for their inadequacies. This is especially problematic because as the authors note, such men are already at heightened risk of suicide and might view the content of *Man Therapy* as evidence that they are inferior or compromised, which can aggravate rather than alleviate suicidality. Not everyone has to be in on the site's joke, says MocarSKI and Butler, but it should not make people the butt of its jokes (p. 13-14). In short, the communication of the site is structured such that only one type of user is addressed, and in a highly questionable way, too.

While there are few Communication studies that specifically address digital technologies and suicidality, the literature base on other self-harm behaviors and disorder communities online is somewhat larger by comparison. Nevertheless, as Giles and Newbold (2013) have observed, online mental health communities still receive little attention from Communication scholars. This is despite their prevalence on the internet, and despite the fact that the likelihood of using an online support group is three times higher for persons with mental health conditions (specifically, depression and anxiety) than persons with other chronic conditions (Owen et al., 2010).

Some scholars have written about online mental health support *generally*, as opposed to focusing on specific disorder communities. For example, Thompson (2012) examines the discursive moves exhibited by members of *HealthyPlace*, a mental health website encompassing seventeen disorder communities, as they position themselves as genuine members of the community. These include displaying expert knowledge of

diagnostic symptoms and categories; showing knowledge of one's own mental history; presenting a unitary self that is continuous over time via syntactic arrangement of sentences; and drawing on coherence systems to organize experiences into forms that are socially recognizable and shareable. Meanwhile, Davis and Calitz (2014) look at the different types of social capital—specifically, bridging, bonding, and maintained social capital—experienced by users of virtual support groups. They argue that despite the lack of physical and nonverbal cues (i.e. leakage cues), the presence of alternative cues facilitate relationship building on the basis of deeper considerations, such as shared values and norms. Elsewhere, Green-Hamann, Eichhorn, and Sherblom (2011) consider aspects of computer mediated communication (CMC) that facilitate social support online, such as anonymity and confidentiality, which allow for the discussion of highly sensitive issues; exposure to a multiplicity of attitudes, viewpoints, and information; and the collapse of space and time, which enables timely solicitation of support during crises.

Of scholarship focusing on specific disorder communities, writings on eating disorders are among the most abundant. In her study of messages on *Yahoo!* eating disorder support groups, for example, Eichhorn (2008) observes that half the sample of messages are *offers* of social support, while the other half are *solicitations* for support. She then proceeds to tease out the different types of support given and sought—namely, informational, instrumental/tangible, esteem, emotional, and network support—and strategies for enlisting support, of which there are three: requesting information, sharing experiences (which facilitates *second stories*), and self-deprecation (which elicits sympathy). Yeshua-Katz and Martins (2013) corroborate social support as a motivation for and benefit of narrativizing one's experience with anorexia nervosa through blogs,

and to this list they add coping with stigma, self-expression, and cathartic ventilation. In their interviews with ‘ana’ bloggers they also identify drawbacks—specifically, fear of disclosure and concerns over disseminating “triggering” information, which challenges popular (mis)conceptions of ‘anas’ as unanimously espousing an anti-recovery stance.

Granted, there are online communities that *do* subscribe to a ‘pro-ana’ lifestyle, such as the one studied by Haas and colleagues (2010). Members of this community discursively co-construct an ‘ana’ identity via four strategies: (1) sharing painful experiences and feelings; (2) giving and receiving advice on dieting and impression management; (3) exhibiting within group purification through encouragement of the stigmatized behavior; and (4) collective loathing of the body and the self that resides within, leaving negative self-evaluations stand uncorrected. Such communities have fueled attempts by professional organizations to censor online content, including the partnership between the blogging platform Tumblr and the National Eating Disorders Association (NEDA), the object of Schott and Langan’s (2015) study. They find that the partnership drew criticism for infringing upon rights to free speech; isolating stigmatized users from their sole source of support; marginalizing alternative pathways to recovery; and failing to address larger systemic issues that perpetuate disordered eating, such as unrealistic Western standards of female beauty.

I mention these studies because they gesture toward fresh new ways of studying the complex relationship between internet, internet users, and suicidality. Observe that the aforementioned studies neither sidestep nor dismiss the benefits-harm paradigm, but instead provide a textured view of the myriad forms social support and drawbacks take. Also, whereas studies from the ‘psy’ disciplines typically operate from a view of the

internet as a mere *tool*, several Communication studies mentioned here also conceive of the internet as a *way of being* (to borrow Markham's [1998] term), and as a *space* in which discursive communities can emerge, endure and thrive (or not)—an interactive speech or discursive situation in which people make meanings about their communicative world(s). On that note, Giles and Newbold (2013) suggest that online mental health forums be treated as speech communities or *communities of practice*, and mental health diagnoses as *subcultural identities*. Indeed, a number of studies have looked at the rhetorical and discursive strategies through which users claim membership to an online mental health community and construct a joint identity.

In short, instead of the individual suffering from an underlying pathology, the unit of analysis is the group whose constituent members exhibit collective agency in co-constructing meaning. As Sharkey and colleagues (2012) point out with respect to their research on self-harm forums, meaning is an interactional achievement and community is experienced jointly rather than singly. Finally, although most studies focus on the textual properties of digital content, they do also consider how other instruments and extratextual features of computer mediated communication (CMC) shape social interaction, presentation of self, and the co-creation of meaning.

### **Research Questions**

My dissertation addresses some of the aforementioned gaps in both the Communication literature and the Psychology literature and hopefully sheds new light on suicidal persons' discursive meaning-making online. Guiding the endeavor is this overarching research question: *How is discourse structured in an online suicide forum, and what are its meanings to users?*



During the course of data collection and analysis, it became apparent that the overarching question is more suitably addressed by a subset of three interconnected research questions, which I present here:

1. How does the discursive architecture of suicide forums structure the communication that takes place therein?
2. What discursive theme of problems is active (and activated) in suicidal users' online communication?
3. What discourses of positive treatment and recovery are jointly imagined and created by these users?

The first research question (RQ1), addressed more fully in Chapter 4, considers the communicative possibilities created or enabled by the technical affordances of web platforms. Specifically, via Hymes's (1972) descriptive theory, I explore how website architecture, instrumentalities, rules of conduct, norms of interaction, and genres of communication, shape the discourses that are created as well as their meanings to participants in place.

The second (RQ2) and third (RQ3) research questions, provisionally answered in Chapters 5 and 6 respectively, use Carbaugh's (2007) cultural discourse analysis to probe suicidal users' online discourses for problematic and emancipatory ways of being, relating, acting, feeling, and dwelling in the world. This is motivated by my interest in what participants themselves discursively construct as reasons for their suicidality, and how they communally envision extricating themselves from their suicidal thoughts and feelings. Note that I do not position problematic and emancipatory as two sides of a

binary, but rather, view them as two possible endpoints on a continuum, such that a discursive practice might (to some degree) contain aspects of both.

As I show more fully in the next chapter, the present inquiry departs from a view of suicidal individuals as a clinical or diagnostic category, and towards a view of suicidal persons as a cultural category, whose members share values, beliefs, and discursive strategies at meaning-making. It focuses on user activities on a single platform, the website SuicideForum.com. I conceive of the internet as both a *tool* and a *space*, the website in question as a *communication scene*, and its users as members of a *speech community*, whose online discourses are ripe with deep meanings that paint a particular picture of the self, other, human emotion and conduct, and the world.

## CHAPTER 2

### CULTURAL DISCOURSE THEORY AND ANALYSIS: AN OVERVIEW

In this chapter, I provide an overview of the theoretical and methodological underpinnings of cultural discourse theory and analysis, which serves as the unifying framework for the dissertation. Cultural discourse analysis, or CuDA, is a powerful tool for theorizing communication, generally, and communicative practices, specifically; for describing expressive activities in great depth; and for interpreting the meaning of those activities to participants (Carbaugh 2005, 2007, 2017a, 2017b). It has a rich theoretical lineage, which is beyond the scope of this brief overview. Suffice it to say, CuDA honors and builds upon Hymes's (1972) ethnography of communication enterprise, which sees communication as locally shaped; Philipsen's theories of speech codes (1997) and cultural communication (1987), which see "membering" as the communal function of social interaction; and Geertz's (1973) commitment to "thick description," to understanding local customs and practices from the perspective of those who engage in them—from the "native's point-of-view," so to speak.

In what follows, I present the assumptions, concepts, and questions central to CuDA, its five investigative modes, and ways of formulating interpretive accounts based on the semantic content of cultural discourses. Throughout, I present examples of real-world applications of CuDA, including a brief note at the end of its most recent groundbreaking uses in many corners of the world.

#### **Key Assumptions, Concepts, and Guiding Questions**

Like any study grounded in communication, cultural discourse analysis shares the view of communication as *constitutive* and communication as *metadiscourse* (Craig,

1999). By constitutive, it is meant that communication is foundational to the very meaning of things that make up the fabric of social reality—identities, relationships, and institutions. In short, there would be no meaningful social reality without communication. By metadiscourse, it is meant that studying communication is a metacommunicative endeavor; in doing so, one is producing communication *about* communication. Communication is the chief theoretical concern, as well as the primary data to be analyzed.

In addition to these two basic assumptions, CuDA is also presided by two axioms (Carbaugh, 2007). The first is the axiom of *particularity*, which states that communication is used, valued, and conceived of in locally distinctive ways. Communication is particular to places, varying across nations, regions, and local communities. The second is the axiom of *actuality*, which states that in every given place, a system of communicative practices already exists, and through those practices, members of a community are able to give form, order, and meaning to (i.e. actualize) their social lives.

CuDA has three basic concepts. First, there is the *communication scene*; derived from Hymes (1972), this is the setting or place in which communication occurs, for there is no such thing as communication that takes place in a vacuum. This scene is part of a larger cultural landscape, a wider discursive field. The communication scene gives a “turtle-eye view” of this cultural landscape, though it can also be said that the cultural landscape inhabits the communicative scene in question. The communication scene therefore taps into the richly meaningful world participants inhabit. The second concept is the *communicative practice*, referring to the actual expressive activity, its pattern of

use, and its meaning in identifiable contexts. Lastly there is *cultural discourse*, which refers to a historically derived expressive system (symbols, symbolic forms, meanings, norms) and the cultural premises (taken-for-granted values and beliefs) active in them. Cultural discourses convey messages to participants—about how to *act*, how to *feel*, how to *relate* to others, how to *be*, and how to  *dwell* in the world (more on these ahead). To summarize, communicative practices, which occur in places called communication scenes, are imbued with deeply meaningful messages called cultural discourses.

Three questions guide most culturally-based analyses of discourse, and CuDA can be seen as replying to one or more of these questions. The first question pertains to *structure*—specifically, the key cultural ingredients (words, phrases, terms, symbols, symbolic forms) that make up an expressive activity, and how these ingredients structure social interaction. The second question pertains to *sequencing/form*, which asks what sequence of acts constitutes an expressive activity, and in what order, although it may also be the case that the activity in question is only one act in a sequence of many other acts. The third question pertains to *function*, in which the analyst asks: What do participants think they are getting done when they engage in such and such activity? The functions of an expressive activity include but aren't limited to: claiming membership in a community; creating, affirming, or (re)negotiating a shared identity; and creating a counter-discourse.

On the subject of counter-discourses, Mackenzie's (2005) study of the communicative practices of students with Williams Syndrome (WMS) is most illustrative. Most authoritative discourses on WMS define the disorder by recourse to its "disabling" characteristics: the "abnormal" physiognomy (e.g. "elfin" features) and

“impaired” physiological functioning (e.g. compromised cardiovascular system); the “lower than average” IQ and “psychomotor retardation”; and the “excess” of friendliness and affection. But in her participant observation and interviews with WMS students at the Berkshire Hills Music Academy (the communication scene in question), Mackenzie found that participants defined themselves in ways contrary to official medical discourse. The WMS identity is thus defined, and performed, in reference to the extraordinary (musical) gifts these individuals possess, their boundless capacity for love and affection, and their uniqueness. From their point of view, it is not their condition that causes them to suffer, but the treatment they endure as a result of disabling representations.

### **The Five Investigative Modes**

Cultural discourse analysis has five investigative modes, as follows: theoretical, descriptive, interpretive, comparative, and critical. The first three are essential to any study that employs CuDA.

The first mode, the *theoretical* mode, involves theorizing the phenomenon or practice one wishes to study, defining one’s orientation to communication, and choosing the framework(s) one wishes to enlist. One could, for example, choose from among Hymes’s (1972) units of analysis—speech situation, speech event, speech community, speech styles and/or ways of speaking—or opt to give a robust picture of a situated practice or community by teasing apart each component of Hymes’s SPEAKING mnemonic (more on this ahead). One could also home in on the three forms of cultural communication identified by Philipsen (1987): *myth*, a shared narrative that binds a group of people’s imagination together, providing templates for thought and action; *ritual*, a sequence of highly structured acts whose successful enactment pays homage to a

symbolic object; and *social drama*, in which shared norms, values, and beliefs are affirmed, contested, or renegotiated. The social dramatic form begins with a *breach* in the social order, followed by a *crisis* phase in which the breach is made public and *redressive* acts by the offending party, and culminates in either *reintegration* or *schism*.

The second investigative mode is the *descriptive* mode. Here, the analyst describes in great depth the expressive activity being studied and provides strips of real-world phenomenon. Preference is given to data that are not manipulated by the analyst, such as extant data online, or audio and video recordings of everyday life, which are transcribed via a formal transcription system. The analyst must exercise careful judgment when determining which data are relevant to the study and which data are not, because one can easily be overwhelmed by irrelevant data.

In the third mode, the *interpretive* mode, the analyst interprets the meaning(s) of an expressive activity or phenomenon to the participants who engage in them. I explore this mode in greater depth shortly.

The fourth mode is the *comparative* mode, which places communicative phenomena in comparative context. The analyst compares two or more situated instances of an expressive activity, and looks for similarities and differences between them. Such a comparison is a great way of discovering what is general and what is local about a communicative phenomenon, bringing into relief both general and particular features. To give one example, Scollo Sawyer (2005) explored five cases of nonverbal communication with nature: “listening” among the Blackfeet; “sauntering” as described by Henry David Thoreau; “going out into nature” as enacted by a couple from Maine; “stalking” as practiced by a group of hunters; and “walking” as used in an article in *Health* magazine.

Common to all these cases is an organic and sociocentric view of personhood, which sees humans as embedded in and inseparable from the natural world, and the relationship between nature and humankind as symmetrical. Of course, these situated instances also varied in certain respects, such as the number of participants and degree of verbal activity prescribed when enacting the practice. For instance, talking with a partner is acceptable when “walking,” but not when “sauntering,” which is enacted alone, or when “stalking” an animal.

Finally, there is the *critical* mode, in which a practice is evaluated (judged good or bad) from an ethical juncture or standpoint. The analyst asks who is being privileged by a communicative practice, and who is disadvantaged by it. Because the task of CuDA is to theorize, describe, and interpret such practices, critique is not essential, but neither is it excluded (Carbaugh, 1989/1990). This does not mean systems of inequality must go unchallenged, only that they must not be assumed *a priori*, for such things as politics and economics might only be of secondary importance to participants. To assume otherwise, to judge the communicative practices of a speech community from the outset, is to risk imposing one value system (the analyst’s) upon another. It also risks imputing false consciousness to those whose practices are being judged. As Philipsen (1989/1990) warns, judging too soon could very well limit the insights one might otherwise obtain. Criticism can take the form of *natural criticism*, which emerges from cultural members themselves regarding their own communicative practices. It can also take the form of *academic criticism*, which critiques dominant practices based on local communication theories (Carbaugh, 1989/1990).



The five investigative modes follow a *weak* linear design; while they typically proceed in the order listed, subsequent modes often lead analysts to revisit prior modes. For example, descriptive and interpretive findings invite reflection upon the theoretical framework(s) underlying the study. In a similar vein, comparative findings might call for revisiting one's descriptions and interpretations of *each* of the situated practices being compared. It must also be noted that the presentation of research findings need not follow said order.

One could think of the theoretical mode as having four modes that likewise follow a weak linear design, captured by the mnemonic BASE (Carbaugh & Hastings, 1992). The first, *basic orientation* (B), entails developing an orientation to communication. The second is *activity theory* (A), or theorizing a specific communicative act or phenomenon (e.g. silence). The third is *situated theory* (S), or theorizing the phenomenon within the context of a specific culture or community (e.g. quietude/*mietiskellaa* in Finnish contexts [Carbaugh, 2006]; “listening” among the Blackfeet of Montana [Carbaugh, 1999]). Lastly, there is *evolution/evaluation of theory* (E), in which theory is evaluated from the standpoint of particular cases. General or higher-order theory is almost always never discarded, but rather, validated, developed, or refined. The first and second modes of theorizing (B, A) can be said to correspond to pre-fieldwork, the third (S) to fieldwork, and the fourth (E) to post-fieldwork, but again, as with CuDA's five investigative modes, later modes may call for revisiting prior modes.

After doing at least some descriptive work, the analyst must interpret the deep meanings of the communicative practice to participants, and the values and beliefs

contained in them. In order to arrive at these meanings, the analyst must explore the *semantic content* of cultural discourses and then formulate *interpretive accounts*.

### **The Semantic Content of Cultural Discourses**

When participants speak, they are not only saying something about the topic at hand, they can also be heard as involved (intentionally or otherwise) in a metacultural commentary—about how to act (action), how to feel (emotion), how to relate to others (sociality), how to be (identity/personhood), and how to inhabit the world (dwelling). Carbaugh (2007) calls these *radiants* of meaning, and they are activated every time discursive *hubs* are used, which are key terms, phrases, gestures, images, symbols, and symbolic forms that are deeply meaningful to participants, evidenced by their frequency, repetition, emphatic usage, particularity of usage, and mutual intelligibility. In short, hubs are the explicit units and radiants the implicit meanings. Hubs and radiants are inseparable; they are always activated at the same time. Carbaugh (2019) writes further: “A hub in this sense is the socially understood discursive ‘object’ from which semantic light or heat radiates” (p. 319). However, not all hubs/radiants are active or salient in every scene. Moreover, a single hub (e.g. “listening,” a discursive hub of action) can invoke multiple radiants at once, and the activation of one hub may invoke several other hubs; “a hub need not necessarily be explicitly affiliated with one and only one radiant of meaning” (p. 319).

The five hubs/radiants suggest to the analyst questions to ask about a communicative practice. With regard to identity (*being*), one might ask: What model of personhood is being presumed when participants engage in such a practice? What are participants saying about their personal and social identities, to themselves and to other

people? For example, discourses produced by users of an online self-harm forum construct a view of the self as deserving of pain and punishment and lacking value for others (Alvarez, in press). Messages about identity can be coded implicitly or explicitly via person-referencing practices such as names, titles (“Dr.”), pronouns (“they”), identity terms (“abuse survivor”), and membership categorization devices.

Regarding sociality (*relating*), the analyst could ask: What model of social relationships, social institutions, and social structures are presumed by the expressive activity? How are relationships forged by said activity, and how does it relate members of a community to one another? Messages about sociality can be coded implicitly or explicitly, via terms of address, terms of endearment, kinship terms, and other relational terms. For instance, in an annual dinner at a Puerto Rican cultural center (Carbaugh, Gibson & Milburn, 1997), the term “community” (a discursive hub of sociality) is invoked in such a way that presupposes “giving back” as a condition for exemplary membership.

When inquiring into cultural discourses of emotion (*feeling*), it must first be noted that emotion expression has at least four key ingredients, though not all ingredients are necessary or salient in every scene (Shachter, cited in Carbaugh, 2012). First, every emotion has an attendant physical sensation. Second, emotion expression follows rules of conduct, a prescribed way and a proscribed way to enact. For instance, among the Balinese, it is considered appropriate to wail loudly and burst into shrieks during funerals (Geertz, 1973). Within certain American contexts, however, such a performance of bereavement and grief might be deemed hysterical if not pathological. Third, emotion expression is evaluatively judged on a dimension from good (e.g. joy, excitement) to bad

(e.g. anger, sadness). And fourth, it involves selecting from a range of possible emotions one could feel and express. To these four ingredients, two more considerations could be added: (1) emotion expression is transitory, and (2) it is consequential for participants' personal and social lives.

It goes without saying that emotion expression exhibits cultural variability, and this variability can be mapped along at least four dimensions. One dimension is significant $\leftrightarrow$ insignificant, the degree to which a particular emotion is deemed significant by a culture. A second dimension is private $\leftrightarrow$ public, or whether an emotion should be privately or publicly expressed. A third dimension is explicit $\leftrightarrow$ implicit, the extent to which an emotion is explicitly coded in words or implicitly coded in actions. And lastly, there is common $\leftrightarrow$ idiosyncratic, whether an emotion is deemed common to a culture, or idiosyncratic to an individual. It is perhaps more useful to think of these dimensions along a continuum, rather than posit them as dichotomies.

The analyst can ask questions pertaining to any of the above dimensions. In addition, s/he can also inquire about an emotion's *intensity* (how strongly to feel X), *duration* (how long one must feel X), *object* (who/what is the appropriate target of X), and *locus* (where is X located: inside or outside; in the "head" or in the bosom of one's "heart"; felt by the individual or collectively by the group).

Regarding *action*, the analyst can ask: What is being accomplished by the expressive activity? What are appropriate (and inappropriate) ways to enact said activity? The analyst can also inquire about the activity's degree of structuring, its sequencing, and its efficaciousness. For instance, the ritual of "griping" (*kiturim*) in an Israeli context (Katriel, 1990) consists of an opener, a remark about some news item that is symptomatic

of a larger public concern; acknowledgement, in which participants contribute “more of the same” gripe; and termination due to loss of synchronicity. Implicit in the ritual of “griping” is a sense of fatalism, that no course of action can remedy the present state of affairs.

As for *dwelling*, the analyst can look into ways in which the expressive activity or practice relates participants to the social and/or natural environment. S/he might ask: How do participants inhabit a place? What do they think they should (or shouldn't) do when they are in such a place? What is the meaning of “home”? It's important to note that verbal depictions of place are not merely descriptive, but suggest ways of relating to that place (Carbaugh & Cerulli, 2013). Like the other radiants, cultural discourses of dwelling are coded implicitly or explicitly, via topographical descriptions, place names, direction-giving, characterizations of climate, and so forth.

### **Formulating Interpretive Accounts**

When formulating interpretive accounts, the analyst can combine participant terms into statements called *cultural propositions*. These are statements containing the cultural words and/or phrases of participants, each put in the form of a belief and/or value. For example, with regard to the communicative practice of “listening” among the Blackfeet of Montana (Carbaugh, 2005), a cultural proposition might be: “Rocks and trees can speak, and they should be listened to.” Regarding the practice of pitiful “brown-nosing” among the disgruntled employees interviewed by Valde and Hall (1995): “Brown-nosing is a symptom of a sick workplace.”

The analyst can also formulate *cultural premises*. Like cultural propositions, these capture participant beliefs about the current state of things (“what is”), and their

evaluative judgments about the ideal state of things (“what ought to be”). But unlike cultural propositions, cultural premises are more abstract formulations of specific practices and phenomena. Because they capture that which is taken-for-granted, cultural premises need not be explicitly stated by participants. Using the Blackfeet as an example once more, a cultural premise might be: “The past is alive in the present, and that place and its inhabitants can speak to us, if only we listen.” If so inclined, the analyst can use Natural Semantic Metalanguage (Goddard & Wierzbicka, 2002; Wierzbicka, 2015) when formulating *cultural premises*—that is, to decompose statements into universal semantic primes, or word-meanings that are identifiable in all languages.

In addition to cultural propositions and premises, analysts can formulate *semantic dimensions*, or two-valued sets of terms with which participants evaluate their identities, relationships, actions, emotions, and habitation of place (Carbaugh, 2007). I have given a few examples above as they relate to emotion. Regarding personhood, semantic dimensions to consider may include: organic $\leftrightarrow$ contractual, sociocentric $\leftrightarrow$ egocentric. And regarding sociality: symmetrical $\leftrightarrow$ asymmetrical, cooperative $\leftrightarrow$ competitive, fluid $\leftrightarrow$ rigid, intimate $\leftrightarrow$ distant.

Lastly, the analyst can formulate *norms*, or prescriptions for proper conduct or action. Norms have the following, four-part form: (1) In context C, (2) if one wants to do X, (3) one ought/ought not to, (4) do Y. For instance, in the Old Church of the Samaritans (Sequiera, 1994), if one wants to speak tongues, one ought to limit one’s kinesthetic behaviors (i.e. no somersaults, thrashing, or spinning). One should also utter languages interpretable by those present and avoid profanity at all costs. Otherwise, the officiating pastor might declare that a message from the Holy Spirit is not forthcoming.

According to Jackson (1966), norms have variable force, intensity (strength of feeling), and crystallization (degree of agreement within a community). A norm is said to have *normative power* when it possesses a high degree of intensity and crystallization. When there is high degree of intensity but low degree of crystallization, then a norm has *conflict potential*. Finally, when there is low degree of intensity but high degree of crystallization, then a norm has *vacuous consensus*.

### **Cultural Discourse Analysis, Then and Now**

To summarize, cultural discourse analysis, or CuDA (Carbaugh, 2007), is a powerful theoretical and methodological frame whose lineage can be traced to the ethnography of communication enterprise (Hymes, 1972) and theories of speech codes and cultural communication (Philipsen, 1987, 1997). It shares a view of communication as *constitutive* and *metadiscursive* (Craig, 1999), and is guided by the axioms of *particularity* and *actuality*. CuDA has three basic concepts: (1) *communication practices*, which occur in places called (2) *communication scenes*, and are deeply imbued with meaningful messages called (3) *cultural discourses*. It can also be seen as responding to questions regarding structure, sequencing/form, and/or function.

CuDA has five investigative modes: (1) a *theoretical* mode in which one's orientation to communication, and to the phenomenon or practice under study, is defined; (2) a *descriptive* mode in which the expressive activity is described in great depth and accompanied by strips of real-world data; (3) an *interpretive* mode that plumbs the meaning(s) of an activity or practice to the participants who engage in them; (4) a *comparative* mode which places communicative phenomena in comparative context; and

(5) a *critical* mode that evaluates a practice from an ethical juncture or standpoint. The first three are essential to any culturally-based analysis of discourse.

When probing participants' discourses for their deep meanings, one must pay attention to *discursive hubs*, the explicit units of analysis, and the implicit meanings that *radiate* from them. Hubs and radiants of meaning, of which there are five types (being, relating, acting, feeling, and dwelling), are inseparable, though not all types are active or salient in every communicative scene. When formulating interpretive accounts, one can compose *cultural propositions* or *cultural premises* (which can be broken down into semantic primes), semantic dimensions, and norms (which have variable force and intensity).

Over the past three decades since its inception, CuDA has been productively applied to various speech or discursive communities as well as expressive/communicative practices and activities. The most recent examples of its ground-breaking and boundary-pushing applications can be found in an edited anthology by Scollo and Milburn (2019), which features the collaborative writings of 42 CuDA scholars and practitioners from around the globe and illustrates that the use of CuDA is far from uniform. Some of the communities featured are "defined by or within national boundaries, such as Bulgaria, China, Finland, Israel, Japan, Latvia, Mexico, Nepal, Singapore, and the United States," while others are "based on ethnic ties, including multiple Native American peoples such as Blackfeet, Ojibwe and Winnebago, Mexican@ immigrants, and African Americans" (p. xxxv). Still others are groups of people who share a way of speaking, such as users of online platforms or websites, automobile drivers, residents of an intentional community, museum tourists, whale watchers, and hunters. The practices studied are just as diverse



and touch upon a plethora of research areas within the field of Communication, including but not limited to environmental, health, interpersonal, intercultural/international, mass, organizational, political, religious, and rhetorical communication (p. xxxvi).

The present study is a modest attempt to extend the application of CuDA to the realms of mental health and computer-mediated communication by using it to probe the deep meanings active in suicidal persons' online discourse. In this study I treat the users of a particular suicide forum as members of a discursive community; thus, the primary focus here is "community" rather than "conduct," and the unit of analysis the discourse and its meanings to said participants. I also heed Hecht's (2011) call to extend *culture* to entities not previously considered as such—by turning away from a view of "suicidal" as a clinical or diagnostic category, and towards a view of "suicidal" as a cultural category, whose members share values, beliefs, norms, and discursive strategies at meaning making. Specifically, I adopt Carbaugh's (2010) four-part communication definition of "culture," thus defined as (1) an expressive system (2) of symbols and symbolic forms (3) that are deeply meaningful to participants *in place* and (4) transmitted by members to one another across time. This conceptual move renders the online communicative practices of suicidal individuals, and their deep personal and social meanings, fertile for ethnographic inquiry, particularly one that utilizes cultural discourse theory and analysis.

## CHAPTER 3

### METHODOLOGY AND ANALYTIC PROCEDURES

In this chapter, I explicate my methodological choices as I embarked on an online ethnography of SuicideForum.com, the field site under study. These include procedures for collecting and analyzing data—from teasing apart each component of Hymes’s (1972) SPEAKING mnemonic to provide a robust picture of SuicideForum’s discursive architecture, to tracking Carbaugh’s (2007) five radiants of meaning as they are invoked in participants’ discourses on suicide and on positive treatment and recovery. I conclude with pragmatic and ethical considerations (both procedural and substantive) that informed the scope and duration of the study, as well as the types of data that were admissible based on criteria for what counts as public and private.

#### **About the Field Site**

For the purposes of this study, I chose SuicideForum.com (SF) as the field site, defined here as the *communication scene* in question, the specific setting or place in which communication occurs. The users who post on SF were therefore treated as members of one discursive community within a larger cultural category (i.e. “suicidal”). SF was selected from the sea of *online mental health communities* (Giles & Newbold, 2013) because it is one of the largest and most visible sites tailored specifically for suicidal persons. Moreover, because the extant literature on internet and suicidality is biased towards *pro-choice* forums, the hope was that the selection of a *pro-life* venue would shed additional light on this phenomenon. Not to mention, one of the objectives of this dissertation is to arrive at mutually constituted possibilities for emancipation from suicidality.

Started in 2005, SF is a “peer to peer community support forum and chatroom for people in need,” as stated on its About page. SF abides by a “Do no harm, promote no harm” principle; although participants can discuss their history of suicidality and self-harm, they are prohibited from discussing or encouraging specific plans to commit suicide or solicit suicide partners. This rule is strictly enforced by moderators, which I discuss in the next chapter alongside other rules. In the thirteen years since its founding, the site has grown to over 120,000 discussion threads, 1.4 million replies, and 27,000 members from across the globe.

SF is staffed by volunteers and its operations are supported entirely by donations, which cover server costs, software updates, security and licensing, et cetera. Members and staff who make donations receive an “SF Supporter” banner. In addition to the Forums, the site provides reference materials on various mental health issues, as well as numbers for crisis hotlines and links to crisis websites for many countries all over the world. Content and communication in SF are primarily in English, however. Access to most of the site’s content does not require formal membership. Visitors can see and read posts, but in order to post messages and participate in conversations (real-time in chat rooms, asynchronous in discussion threads), they must become registered members, which is free and requires no name or other personally identifying information. The site assures users that it does not hold personal info in any of its servers (“Privacy Policy”).

### **Data Collection**

Given the huge volume of data on SF, I collected and analyzed a purposive sample of messages within a restricted time frame, rather than set an *a priori* number of posts, which goes against CuDA’s spirit of discovery and immersion. Formal data

collection and analysis began on 1 January 2017 and concluded on 31 July 2017, though it must be noted that I spent considerable time browsing SF as early as June 2016, in order to familiarize myself with the website's layout, technical affordances, rules and norms, and so forth. I visited a total of 131 threads, 2119 posts in the Forums area during the 30-week study period, which translates to an average of 4 threads, 70 posts per week.

All threads consulted were stored electronically as PDF files for my own records and then printed to facilitate hand coding, which I conducted by myself. The posts amount to 683 pages of transcripts. In order to preserve the message structure of threads, no data scraping software were used during the collection process. Also, I did not change the usernames/handles of SF members electronically or in print. That is because SF advises registered members against using their real names as handles, or from reusing handles associated with their accounts on other websites and social media platforms. In short, the usernames in transcripts are presumably already anonymized.

The discussion threads that I collected and stored are the data on which I conducted a cultural discourse analysis (more on this ahead). In addition, I took ethnographic field notes and scratch notes (Lindlof & Taylor, 2011), typed as well as handwritten, to catalogue general impressions as well as more specific observations of the field site. While this may seem unnecessary given that the field site can be accessed at any time with the click of a mouse, doing so helped me flesh out each component of Hymes's SPEAKING mnemonic, to which I now turn.

### **Descriptive Mode**

Before diving into the deep meanings that radiate from SF members' online discourse, I first sought to understand the virtual terrain of SF and provide a robust

picture of its discursive architecture, which can be found in Chapter 4. Toward this end, I enlisted Hymes's (1972) descriptive theory and all eight components of his SPEAKING mnemonic. For Hymes, there is real value in "mere" description, for it makes salient features of language that prose alone cannot render visible. But before I preview my particular usage of his componential analysis, a few words on Hymes and his ethnography of communication (EC) enterprise are in order.

The EC enterprise emerged in reaction to what Hymes saw as the failure of the social sciences to address linguistics, and the failure of linguistics to address social meanings and the social uses of language (Hymes, 1972; Carbaugh, 2007). He called for a sociolinguistic approach, one that considers the *situated meaning* of language, which was a departure from the focus of linguistics on dictionary meaning at the time. One axiom of Hymes's sociolinguistics is that speech is diverse, and so he embarked on a taxonomy of the many features of language, identifying those features that are universal and the ways in which they become particularized in specific contexts.

Hymes identified five important social units of analysis: the speech community, speech situation, speech event, speech act(s), and speech style(s). For my purposes, the registered members of SF make up the speech (or discursive) community under study,<sup>2</sup> and its virtual terrain the speech situation in question, defined as the setting or context in which communication occurs. Speech events here are the individual threads analyzed; they are considered "events" because they are spatially and temporally bound, book-ended by the first and final posts. Speech acts are the individual posts that make up threads, but because forum posts vary widely in length, a single post may include several speech acts, such as an opening, an elaboration, a question, a story, a closing, et cetera.

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<sup>2</sup> Throughout this dissertation, I use the terms "members," "users," and "participants" interchangeably.

Speech styles can be discerned from the ways posts are “enacted,” but this was not a focus of the analysis.

Having settled on the speech situation as the primary unit of analysis for the descriptive segment of the dissertation, I used Hymes’s SPEAKING mnemonic to conduct a componential analysis of my field site. Additional details can be found in Chapter 4, but below is preview of my usage of Hymes’s eight components.

**Setting:** Because SF is located in the World Wide Web, I considered the layout of the website as a whole, as well as the Forums area, which houses the discussion threads.

**Participants:** For this I took note of the clinical and socio-demographic characteristics of SF users as they became apparent in the Forums. Given the anonymity of participation in SF, the view that I offer is modest and partial. I supplemented my field notes with user statistics provided by Alexa.com and SimilarWeb.com.

**Ends:** In Hymes’s parlance, this refers to the goal(s) of the speech event, individual participants, and/or the speech community as a whole, and the intended as well as unintended outcomes, which can differ markedly. Rather than catalog every single goal for every single thread that I examined, I instead homed in on avowed user goals that *recur* across threads. Whether or not these goals have truly been met cannot be ascertained by non-participant observation. I also considered the site’s purported goals, as reflected in its mission statement.

**Act Topics:** As with ends, I focused on the *range* of topics covered by the threads. Because the first post of any given thread sets the agenda for the discussion that ensues, I paid special attention to these.

**Key:** The emotional atmosphere of SF as a whole, and the tone, manner, and spirit in which communication in the Forums is generally conducted.

**Instruments:** Though communication in SF is primarily text-based, I took into account other symbols (e.g. images, emoticons) and technical features on offer. I also consulted the 20-page user guide titled, “Getting Started on SF,” which provided more information on said features.

**Norms:** I took note of both explicit rules of conduct and implicit norms of interaction. For rules, I consulted the following documents: “Site Rules,” “Suicide Forum Guidelines and User Manual,” and “Terms of Service Agreement,” totaling 16 pages. As for norms, I noted their statement or invocation in threads.

**Genres:** Here I gave special consideration to the formal characteristics of the online *thread*, a genre unique to computer mediated communication.

Taking into account all eight components of the communication situation, and their relationship to one another, allowed me to answer:

**Research Question 1:** “How does the discursive architecture of SuicideForum structure the communication that takes place therein?”

### **Interpretive Mode**

For the interpretive segment of the dissertation, I conducted a cultural discourse analysis (whose theoretical and methodological underpinnings I explain in Chapter 2) of SF members’ online discourse. Before probing users’ forum posts for the deep meanings they activate, I first identified those *discursive hubs* that are pregnant with meaning for participants, based on criteria I discussed earlier (e.g. frequency, repetition, emphatic usage, particularity of usage, mutual intelligibility). I focused on hubs most relevant to users and to the objectives of the study, as defined by Research Questions 2 and 3.

Central to the investigation are “suicide,” a discursive hub of action, and “suicidal,” a discursive hub of emotion (i.e. *feeling* suicidal) and personhood (i.e. *being* suicidal).

Other salient hubs of interest can be found in the table below.

<b>RADIANT</b>	<b>DISCURSIVE HUBS</b>
Being	suicidal, mentally ill, death, dead, worthless, alienated, alone, inner self, outer self, we, alive, life, free, purpose, meaning
Relating	we, us, family, community, relationship, listening
Acting	commit suicide, attempt suicide, give up, listen, hear, heal, recover, hold on, hang on, fight, release, let out
Feeling	suicidal, depression, depressed, pain, hurt, misery, anguish, loneliness, sadness, fear, anxiety, happiness, happy, courage, hope
Dwelling	world, nowhere, home, safe place, safe space, here, SF, this forum, this site

Again, a single hub can express or tap into multiple radiants at once, depending on its usage, so the chart above is not meant to suggest that each hub is only aligned with one radiant. Some hubs are cross-listed where appropriate.

While going through physical copies of each discussion thread, I flagged and highlighted hubs as I encountered them, paying attention to their usage and which radiant(s) of meaning they are activating. I wrote (tentative) metacultural commentaries on the margins of each page. I then compiled these marginal notes into separate Word documents, organizing them categorically according to each radiant. For each



metacultural commentary, I provided strips of data (i.e. excerpts from discussion threads) that illustrate the way a discursive practice can ignite that commentary. For the sake of parsimony, metacultural commentaries that were highly similar were consolidated and then distilled into cultural premises.

While analyzing the data, two major sets of themes emerged—one concerning discursive pathways to suicide, the other concerning discourses of positive treatment and recovery. Originally, only one research question was posited to address the discursive meanings of participants’ forum posts, but the emergence of these themes called for the formulation of two research questions, which I re-present below:

***Research Question 2:*** “What discursive theme of problems is active (and activated) in suicidal users’ online communication?”

***Research Question 3:*** “What discourses of positive treatment and recovery are jointly imagined and created by these users?”

Note that these two sets of discursive themes are not contrastive sets, but rather, are two parts of a discursive continuum that expresses ways *into* and *out of* suicide.

To address RQ2 (Chapter 5), I tracked participants’ usage of “suicide” to capture their beliefs about what causes or precipitates suicide, and what sequences of acts constitute suicide. I also tracked discursive linkages between “suicide,” various relational terms, and references to place, in order to understand, from members’ discursive point-of-view, what kinds of relationships to people and places produce suicidal thoughts and feelings. In addition, I also fixed analyses on “suicidal” to tap into participants’ notions of a suicidal self and the emotions implicated in suicidal crises.

To answer RQ3 (Chapter 6), I fixed analysis on “suicide” and “suicidal” once more, this time finding linkages in discourse to participants’ notions of a “safe” place, to

prescriptions for “healing” and “recovery,” and to recuperative actions such as “listening” and “releasing” negative feelings. I also tapped into discourses on the model persons SF users aspire to be, on positive relationships they find meaningful and sustaining, and on ways of feeling that are ultimately freeing.

### **Pragmatic and Ethical Considerations**

Orgad (2009) points out that there is a tendency to regard “online communication as a constrained version of face-to-face communication [...] less authentic, less real, less close, and less truthful” (p. 48). This has put undue pressure on researchers to “attempt to straddle both sides of the on/off slash” (Bakardjieva, 2009, p. 57), to collect “researcher-elicited data” as well as “computer-captured and compiled data” (p. 58) under the misguided belief that having both data types is necessary to a respectable digital ethnography. But as Orgad (2009) cautions, “combining online and offline data is not always an appropriate decision. Doing so might be insensitive to the context being studied, might involve problematic ethical consequences, or might simply be impractical” (p. 51). Sometimes, the ethnographer must do what their subjects do, and that is to stay at home looking at the screen of a laptop or desktop computer.

In light of these considerations, and given my objective of probing the deep meanings co-created by participants *within* the naturally-occurring discursive space of SF, I abstained from collecting “researcher-elicited data” and limited myself to archival data. Ethnographically, one could say that my observational stance is naturalistic rather than participatory; to proceed otherwise, to interject myself into the Forums, would have interrupted the natural flow of discourse and “the inner dynamics of the field” (Marciano, 2014, p. 829). It would have defeated my purpose of studying “people’s actions and

interactions in their natural online contexts to explore meanings, describe culture” (Sveningsson Elm, 2009, p. 73). In any case, unlike face-to-face contexts in which the mere presence of the observer can influence the behavior being observed, in online venues that are asynchronous, such a possibility is greatly diminished.

Based on criteria supplied by the University of Massachusetts Amherst’s Institutional Review Board (2015), the collection and analysis of data on SuicideForum do not meet the definition of human subjects research, on the following two grounds. First, neither intervention nor interaction with SF users actually took place. The analysis was based on extant/archived data online, rather than data elicited via interviews, focus groups, participant observation, creative analytic practices, participatory action research, or any other such methods, whether conducted face-to-face or through mediated channels.

Second, the data do not meet the definition of private information, again on two grounds. (1) Analysis was limited to publicly accessible forums with heavy traffic, as I have noted above; users cannot reasonably expect that no observation or recording is taking place. In fact, according to the “Terms of Service,” members are discouraged from posting content that they deem too private for public consumption. In other words, to participate is to be aware of the publicness of the arena. (2) The comments are not linked to individually identifiable information, such as real name, date of birth, place of residence, and social security number, only to the user’s and avatar. Moreover, usernames do not link to potentially revealing information such as e-mail address and geographic location, and personal information is not required to become a member. In sum, obtaining informed consent was not necessary to carry out this study.

Although the data do not meet the definition of human subjects research, extra measures were taken to meet both substantive and procedural ethical guidelines (Markham & Buchanan, 2012). One such consideration is that the boundary between public and private is not always clear-cut, and I share Svenningsson Elm's (2009) view that these dimensions are not dichotomous but exist on a continuum. She posits four nodes on the public/private continuum (p. 75). An online space is *public* if it is accessible to anyone with an internet connection, and *semi-public* if it is available to most, provided that they have acquired membership and registration. A space is *semi-private* if it is available only to some; specifically, those who have met additional formal requirements prior to membership. Lastly, a *private* space is one that is hidden, unavailable to most people; access is restricted and by invitation only.

Of course, "public and private can be blurred because both types of spaces can exist within the same internet arena" (p. 76). Within the context of SF, some areas are visible to everyone, irrespective of membership status, while others are visible only to registered members. In other words, SF straddles the line between public and semi-public. In response to this quandary, I limited data collection and analysis to areas within SF that are truly public according to Svenningsson Elm's (2009) typology; I did not create an account and register with SF to access restricted (i.e. semi-public) areas. This meant abstaining from lurking in chat rooms, and from reading forum posts in password-protected areas of the site, which are meant for the eyes of registered users only.

A related concern raised by Stern (2003) pertains to the ethical and legal responsibilities of researchers upon encountering distressing information, such as users threatening to inflict harm upon themselves. Because SF prohibits users from sharing

suicide methods, announcing suicide plans, and soliciting suicide partners, and because posts containing triggering information are deleted by moderators, I did not encounter posts that warranted intervention within the pro-life context of SF.

My study of SF was limited to those users who post messages and create discourses, hence my use of the term *speech* or *discursive community* as opposed to the more general term *community*. Thus, I did not look into the activities of *lurkers*, or users who refrain from posting content or making their presence felt, and who Baym (2010) argues are community members in their own right. Lastly, as with many online studies, it is also not possible to verify the authenticity of information posted by SF users. While I recognize that online communication can be rife with deception, I also acknowledge that it presents an opportunity to foster intimacy (e.g. Baym, 2010; boyd, 2014; Katz & Rice, 2002), especially among groups that embody what Goffman (1963) calls *discredited* or *discreditable* stigmas. All messages analyzed were therefore treated as authentic.

### **Summary**

In this chapter, I presented my rationale for choosing SF from among the sea of mental health communities online, and my procedures for collecting data from the site for use in descriptive and interpretive reports. The next two sections then explicated my analytical procedures. First, I discussed how I tailored Hymes' (1972) descriptive theory to my componential analysis of SuicideForum's discursive architecture. Then, I provided a snapshot of how I tracked discursive hubs of interest in my cultural discourse analysis of forum posts, from which two sets of discursive themes emerge. I concluded the chapter with a discussion of procedural and substantive ethical guidelines for ensuring the safety of privacy of users.

## CHAPTER 4

### THE DISCURSIVE ARCHITECTURE AND COMMUNICATIVE POSSIBILITIES OF SUICIDEFORUM.COM

Before probing the deep meanings that radiate from the online discourses produced by SuicideForum members, it is both informative and advisable to provide an overview of the site's structure, its technical affordances, and the communicative possibilities created therein. To do this, I use Hymes's (1972) descriptive theory and explicate each component of his SPEAKING mnemonic: setting, participants, ends, act topics, key, instrumentalities, norms, and genre. But rather than present findings in this order, I present the results of my componential analysis (which I have captured in field notes and scratch notes) in the following order.

I begin with a description of the site's general layout and the constituent areas' relation to one another. After this I present the sections that make up the Forums area, the primary concern of Chapters 5 and 6. It is important to address the structure of the site because whether or not a communicative topic or act is deemed relevant or appropriate by other users depends on where in the site it is posted or enacted. As Papacharissi (2009) notes, the architecture of websites and web platforms are consequential for users' social interaction, presentation of self, and negotiation of boundaries between public and private. In the Forums, especially, the different sections predetermine (to an extent) not only the topics of conversation but the ends of the discussion. In other words, I discuss setting (S), act topics (A), and ends (E) together rather than separately.

Next, I address the clinical and socio-demographic characteristics of SF users, the participants (P), using data provided by SimilarWeb.com and Alexa.com in tandem with

field observations of forum activities. This is followed by a discussion of the thread as a unique genre (G) of computer-mediated communication—genre being defined here as stable packages of communicative actions and expression that may be strictly or loosely structured (Bakhtin, 1986). While I acknowledge that the content of new media is old media (McLuhan, 1963), and that the online thread re-mediate existing genres of communication, both written (e.g. poetry) and oral (e.g. personal conversation), I focus exclusively on the thread.

I then proceed to address the various instruments (I) on offer—from text-based features such as boldface, italics, and underlining, to more advanced features such as ‘Following’ threads and ‘Blocking’ or ‘Reporting’ offending users. Much information in this section comes from the online manual, “Getting Started on SF,” that is available on the site. I consult this document because as a non-registered user and non-participant observer, many of these behind-the-scenes features would not have been known to me otherwise. Knowledge of these features provides a more textured view of the values underlying site design and functionality.

The final sections present the explicit rules of conduct and implicit norms (N) of interaction that govern the site, and how these in turn shape the way self-disclosures are keyed (K). For explicit rules and sanctions for infractions, I consulted the following documents provided by the site: “Suicide Forum Guidelines and User Manual” and “Site Rules”; for implicit norms and key, I refer to the field notes and scratch notes I have accumulated throughout the study period. Note that the rules and norms presented herein, though extensive, are by no means exhaustive.

## Website Architecture

Upon entering SuicideForum, one is immediately taken to the homepage (see Figure 3.1 in the Appendix). At the top of the homepage are links to five static pages whose content and organization are not directly or indirectly modifiable by individual users' activities. These pages are:

**About SF:** This singular webpage (Figure 3.2) contains the mission statement as well as a brief history of the website, which started in 2005 and has grown to 120,000 discussion threads, 1.4 million replies, and 27,000 unique members since its founding. Despite its size, SF is described as having “the feel of a small family community” and mental health conditions as “worldwide problems” that “nobody should face...alone.”

**Crisis Lines & Sites:** Given the geographic distribution of SF users, this page provides visitors with numbers for crisis hotlines and links to crisis resources for 82 countries.

**Contact SF:** On this page, visitors can fill out a web form (Figure 3.3) if they wish to leave a message for site administrators or pitch original articles. Registered members can reach out to staff, administrators, and moderators through more direct channels (see Instruments section).

**Write for SF:** This page contains instructions for visitors who “would like to share non-fiction articles about any subject relevant to mental health, support, or awareness,” and a link to the Contact SF page for article pitches. Articles generally run from 400 to 1200 words and must not have already been published elsewhere, in print or online. SF retains the rights to an article upon publication, and reprints require approval from site administrators.



**Donate:** At the top of this page is a banner that reads: “Help Keep SF Running.” Because SF is not-for-profit, it is run entirely on donations: “If you have been helped by SF or know someone who could be, please consider giving what you can to keep our community alive and helping thousands of people every day.” Visitors can choose from any of the preset amounts to donate (3, 5, 10, 20, 50, or 100 USD), or they can enter a custom amount.

From the homepage, visitors can also jump to any one of six additional areas. Unlike the aforementioned pages, which are static, these areas are subject to ongoing modification via user interactions and activities.

**Image Gallery:** During my last visit, this area consisted of two slideshows; the first contained 21 images, the second 8 images.<sup>3</sup> Superimposed upon each image is an inspirational message or an invitation to participate in the site. The words are usually tailored to the images. For instance, the picture of a sunroot flower with browning petals is accompanied by this excerpt from Maya Angelou’s *I Know Why the Caged Birds Sing*: “There is no greater agony than having an untold story inside of you.” This text-image mash-up suggests that *personal stories, when left untold, can cause one to suffer, and their expression is key to survival*. This cultural premise (which I explore in Chapter 6) is corroborated by other text-image combinations such as, “Storms show us even the sky needs to scream sometimes” (picture of storm clouds), and “Tears are words the heart can’t say” (woman covering her face to hold back tears).

As additional examples suggest, the Image Gallery taps into several cultural premises that are active in the Forums. For instance, the cultural premise that *surviving*

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<sup>3</sup> See Figure 3.4 in the Appendix for some examples of text-image mashups that can be found in the website’s Image Gallery.

*adversity makes one cherish the beauty of life* are captured by the following message-image combinations: “Only in the darkness can you see the stars” (night sky punctured by stars; Martin Luther King, Jr. quote); “Stars need darkness to shine” (waxing gibbous moon); “Some see a weed, I see a wish” (dandelions). Likewise, the premise that *suicide attempt survivors have an obligation to be a positive force on others’ lives*, even in small ways, are implicit in the following: “Try to be a rainbow in someone’s cloud” (rainbow; Maya Angelou quote); “You’ve got 86,000 seconds today. Have you used one to smile?” (clock).

**Depression & Mental Health:** This area contains 26 articles on the subject, posted between 16 February 2016 and 30 April 2018. Clicking on the title of the article or the accompanying image takes the user to a separate page displaying the full article. Authors are identified in the byline as “admin” if they are site administrators; by username if they are registered members; or by their real name (first and last) if they are non-registered visitors whose pitches were accepted. The most recent articles posted in this area are previewed in the homepage.

The articles can be informative and/or prescriptive. Informative articles touch upon such issues as the affective dimensions of depression; the shared pathogenesis of depression and anxiety, and their differences; the co-morbidity of substance abuse with other mental health issues; the symptoms and signs of bipolar disorder and borderline personality (now a defunct diagnosis); and the consequences of social media for the negative valuation of self worth. Prescriptive articles include coping with impulse control disorder; how to fall asleep in spite of an anxiety disorder; dealing with college stress; and stopping negative thinking and ruminations.

**Suicide & Self Harm:** There are ten articles here, posted between 14 February 2016 and 7 October 2017. Like the “Depression & Mental Health” area, latest posts are previewed on the homepage. It is worth noting that the titles of several articles are deliberately misleading. They *appear* to provide readers with suicide methods, until one reads the actual content and discovers otherwise.

For example, an article titled “Suicide Methods – 10 Ways to Die,” turns out to be about the ten most common precipitants to suicide, such as bullying, financial insecurity, and breakups. “Making Suicide Look Like an Accident,” though instructional at first glance, is deterrent in its intent. The article calls attempts to disguise suicides as accidents a “fool’s gold,” no different from putting on a fake smile to hide one’s agony—a lie to put an end to a lifetime of lies. Similarly, “Painless Suicide Methods – Pain Free Death,” provides no methods at all, but the argument that there is no such thing as a pain-free death, for the pain suicide inflicts on surviving loved ones is everlasting.

It is mentioned throughout the site that many users discover SF by accident, when they are searching the Web for suicide methods. It is highly plausible that the titles of these articles were designed to bait imminently suicidal individuals, with the hopes of providing them with debiasing information that could change their minds, at least for the time being. After all, not every visitor is going to have the inclination to register, create a profile, and participate in the Forums, where s/he is more likely to be dissuaded by other users from attempting suicide. It is a stop-gap measure, to say the least.

**Emotional Support:** There are a total of 18 articles here, posted between 14 February 2016 and 30 April 2018. There is an article on a mobile app currently being developed by SF for registered users, which would provide real-time updates whenever

users receive private messages and replies to their posts and threads, the idea being that the app would curtail the anxiety of waiting. Other articles (prescriptive as well as informative) address life with anxiety, as told through a series of cartoons; coping with anxiety in five steps; choosing the most suitable drug rehab program; distracting oneself during moments of crises; the supportive role of animals; and the therapeutic benefits of talking about one's problems. Like the Image Gallery, the articles in "Depression & Mental Health," "Suicide & Self-Harm," and "Emotional Support" recapitulate the cultural premises we will encounter shortly in the Forums area (e.g. the necessity of catharsis to emotion regulation).

**Downloads and Self-Help:** This area contains three downloadable files, two of which are addressed to non-suicidal persons. The first is a guide on identifying people at risk of suicide, and recommendations for the "right" things to say to people in the midst of a suicide crisis. The second document is an "after care" program, providing advice on opening and maintaining lines of communication in the aftermath of a loved one's suicide attempt. The third document is a Personal Safety Plan. It is a worksheet for suicidal persons to fill out and share with friends and family members in preparation for a suicide crisis. It asks the person to list triggers to avoid; objects in the environment that can be used to inflict self-harm; warning signs that a crisis is developing; and strategies for coping with said crisis. It also asks the user to write down contact information for medical professionals (primary care and mental health); numbers for suicide helplines and URLs for crisis websites; and the names of people who make one feel safe. Finally, it asks the user to list important things worth living for. The three documents serve both practical and socio-emotional purposes, providing actionable guidelines on prevention,

intervention, and postvention, as well as reminders to the suicidal person that s/he is not alone in the world.

### **The Forums Area**

The largest area of the website, and the central focus of the remaining chapters of this dissertation, the Forums house 1.4 million posts nested within 120,000 discussion threads (as previously mentioned). It also serves as a portal to chatrooms (public and private) that only registered members can access. The Forums is divided into eight topical sections, each containing up to ten sub-sections. For a detailed look at how the Forums are sectioned, see Figure 3.5 of the Appendix. These sections are:

- i. ***All About SF:*** Provides official news and information from staff members and guidance on navigating technical problems with site access.
- ii. ***New Members – Welcome to SF:*** A place for new members to introduce themselves and share the personal circumstances that brought them to SF.
- iii. ***Suicidal Thoughts & Feelings:*** Here members can talk openly about their suicidality, discuss safety plans, and provide/solicit advice on managing substance abuse and other self-destructive behaviors.
- iv. ***Road to Recovery:*** A place for members to discuss various treatment modalities (e.g. psychotherapy, psychopharmacology), and share tips for carrying out basic living activities, effective coping mechanisms, and positive news that could uplift others' spirits.
- v. ***Let It All Out:*** An echo chamber where members can ventilate their frustrations with the world and their particular situation.

- vi. ***Support & Advice:*** This section of the Forums is for seeking practical advice and/or emotional validation, and for posing questions too embarrassing to ask in offline contexts.
- vii. ***You Are Not Alone:*** Consisting of ten sub-sections, this section covers a gamut of risk factors significantly associated with suicide, such as bullying, rape and abuse, mental disorders, chronic pain and illness, complicated grief, and marginalization based on sexual orientation and identity, just to name a few.
- viii. ***The Gathering:*** A place for general conversations, socializing, and sharing creative writings and other artistic creations.

The lines between the eight sections are not always clear-cut. Obviously, “All About SF” is the most impersonal and least emotive for its purpose is to provide technical information. “The Gathering” is the most casual and laidback, with discussions covering a gamut of hobbies and interests such as sports, television shows, music, movies, etc. However, even threads in “The Gathering” can delve into deeply personal territory—for instance, when a member shares a poem that captures the depths of his/her suicidal feelings. The lines get especially blurred between the other six sections. For instance, when users introduce themselves for the first time in “New Members,” they usually talk about what is making them suicidal—par for the course in “Suicidal Thoughts and Feelings” and “You Are Not Alone.” Respondents might then suggest short-term crisis management options that worked for them, the kinds one would find in “Road to Recovery” and “Support and Advice.” What ultimately determines where a conversation

or thread is placed, is the avowed purpose of the thread, as determined by the topic creator (TC).

The reasons for creating and participating in discussion threads (the *ends* in Hymes's parlance) are manifold. Having said that, the most recurrent are immediately apparent from the general layout of the Forums. Obviously, members are primarily on SF to discuss suicide; after all, suicide is a highly taboo subject, and to openly acknowledge one's suicidal thoughts and feelings in most face-to-face contexts is to risk stigmatization, and in some cases, involuntary psychiatric hospitalization. The discursive space of SF facilitates such a discussion, without shame or judgment.

Members share their life story and the tragic circumstances that led to their current predicament. They may do so for the purpose of cathartic ventilation ("I need to get these words and feelings out somewhere"), and/or to have one's experiences mirrored and validated by others facing similar struggles ("Am I the only one who has thought of suicide for as long as I can remember?"). To share one's stories on SF is to encourage others to share their stories; in revealing personal details about the self to others, one also learns about these others.

Besides dissuading others from attempting suicide and self-harm ("You're stronger than you think"; "I believe in you. You can fight this"), participants also provide one another with esteem and emotional support during troubled times ("Be kind to yourself, and know that you're special"). But support can also be informational. Members share their experience with various treatment modalities, and the extent to which these are effective (or not). For instance, regarding medication: "It has never cured me I can't lie but it has allowed me to carry on and even have some brilliant times along the way."

They may also *give* practical or informal advice, grounded in personal experience, on life matters such as coming out of the proverbial closet, or navigating a new phase in life, such as young adulthood or retirement. For example, in response to a question on how to effectively discipline a child, one user writes:

I think you called it correctly when you mentioned positive reinforcement. Excessive disciplinary measures (which over here [UK] can be construed as abuse) or minimal disciplinary actions can both have a detrimental effect on child development. A balance must be reached so a child knows right from wrong but without any lasting negative psychological effects.

Aside from sharing bad news, members also share good news, and they congratulate each other on reaching important milestones in their road to recovery. Responding to a user who successfully refrains from self-harm, another writes: “massive well done...even if it doesn’t completely work every time the simple fact that you have done it and are willing to try is brilliant and the more you do it the better you will become at it.”

The structure of the Forums is in constant flux. In fact, numerous changes have occurred between data collection and analysis and the writing of this dissertation. To name but a few changes: “Let It All Out” (accessible only to registered members) came into existence after analysis has already wrapped up, as did the sub-sections “I Don’t Feel Safe” (“Suicidal Thoughts & Feelings”; private), “I Have a Question...” and “I Need Empathy and Advice” (“Support & Advice”; public). Sub-sections that were previously accessible to the general public, such as “Self Harm & Substance Abuse” (“Suicidal Thoughts & Feelings”) and “Member Contributions” (“The Gathering”), have since become private. Conversely, sub-sections to which only registered members had privileged access, such as “Rape and Abuse” (“You Are Not Alone”), are now open to public view. It can be said that the fluid architecture of SF, reflective of changing



definitions of what constitutes *sensitive* and *private* information (which are not synonymous), is one that adapts to and accommodates members' ever changing needs.

### **User Profile**

Website statistics from SimilarWeb.com indicate that for the month of July 2018 (the latest month for which data are available), a total of 251,390 unique visitors came to SuicideForum.com. On average, visitors spent 7 minutes and 28 seconds on the website and browsed 5.33 pages per visit. The top five countries in which visitors are physically located are: US (31.41%), UK (20.32%), Brazil (5.26%), Canada (5.15%), and Spain (5.10%). In other words, at least 67.24 percent of all visitors are from the Western hemisphere, with 56.88 percent coming from predominantly English-speaking countries. This is unsurprising given that communication in SF is primarily in English—at least on the Forums, which are publicly visible.

Visitors typically arrive by way of search engines (61.44%), such as Reddit and Google, meaning that the remaining 38.56 percent are either already familiar with the website and can type the URL directly into their browser, or are referred to SF by another website, the top referring site being LostAllHope.com (68.46% of all referrals). According to website statistics from Alexa.com, the top five keywords from search engines that brought visitors to SF are: “suicide forum,” “i want to kill myself,” “painless suicide,” “how to kill yourself,” and “suicide methods.” This corroborates SF moderators' claims that most users stumble upon the site by accident, when they are acutely suicidal and searching for suicide methods. Curiously, visitors' top destination immediately after SuicideForum is YouTube.com. Note that the statistics I have provided refer to *all* site visitors; SimilarWeb and Alexa are not sophisticated enough to provide

data on the nature of visitors' participation, nor can it provide stratified data on users who actively post messages.

Most registered users who post on SF are either in the midst of a suicidal crisis (“The vast majority of people here are in pain,” reads the Site Rules), or have been suicidal at some point in their lives. Even a cursory look at the website’s layout—specifically, the “You Are Not Alone” area of the Forums, and the individual threads therein—reveals that users wrestle with various mental health conditions, including but not limited to: substance abuse; anxiety (generalized anxiety, obsessions and compulsions, social phobia); body dysmorphic disorder; disordered eating (anorexia nervosa, bulimia nervosa, binge eating); post-traumatic stress; attention deficit and hyperactivity; multiple personality/dissociative identity; schizophrenia and other psychoses; borderline and antisocial personality; and of course, depression (dysthymia, major depression, bipolar). This long yet partial list underscores the notion that suicidality is not isomorphic with any one condition, but instead cuts across them. Participants also complain of various physical ailments, ranging from acute to chronic, including diabetes, tuberculosis, chronic pain, and multiple sclerosis, with some users having had surgery (e.g. gastric bypass) and dialysis.

It is not possible to ascertain the racial and ethnic make-up of registered users through non-participant observation, especially when the subject of race-ethnicity rarely comes up in threads and enters the discourse. It is also not possible to ascertain class distribution, though some users report economic hardships and financial struggles, such as loss of employment, underemployment, and concerns over making timely payments on bills and mortgages. However, it is apparent that SF embraces a spectrum of gender and

sexual identities, with users presenting as male, female, or transgender (male-to-female as well as female-to-male), and as lesbian, gay, bisexual, queer, intersex, and asexual. In fact, a key section of the “You are Not Alone” area is titled “LGBTQIA,” reflecting the site’s inclusivity of non-heteronormative identities.

Forum participants also appear to be diverse in terms of age, with 13 years as the minimum age requirement for site registration, but again, precise statistics stratified by cohort are not available. Age inclusiveness is reflected in the Forums’ architecture: “The Generation Gap,” another section of the “You Are Not Alone” area, is made up of three sub-sections: “Adolescence & Young Adult”; “Mid-Life”; and “Late Life/Seniors.” There is age variation in level of access (more on this ahead), with users under 16 years limited to public chats and forums and blocked from sending or receiving private messages. This is designed to “protect them from potentially dangerous or inappropriate advice and/or discussions,” not to mention predatory behavior such as “grooming” (“Site Rules”).

The site is open to practitioners of all faiths and non-practitioners alike (more on this ahead), as can be seen in a thread where members share poems and prayers for the stressed. One member asks, “Are muslim prayers allowed?” to which another member emphatically replies, “If they are not, they should be!” Although SF does not prohibit the expression of one’s faith, provided that it is not enacted in a preaching manner, the site does prohibit the imposition of one’s religious beliefs (or non-adherence to a religious belief) onto others.

As for user roles: as a lurker, one can visit the site however many times and access its myriad content without registering (except those exclusively for registered members). Becoming a registered “member” grants one the ability to access content as

well as *post* content, provided that one meets the age requirements and remain in good standing by refraining from punishable offenses. As a member, one can start threads, respond to threads, participate in chats, send and receive private messages, and enter select areas that are blocked from public view. A third level of participation is “staff/admin,” who according to the site were once “regular” SF members, but now volunteer their time to perform various tasks such as reading private messages and monitoring chats for objectionable content; responding to member queries, reports, and complaints; imposing sanctions for offenses; and maintaining site functionality. Though my cultural discourse analysis is focused on the messages of registered members who post on publicly accessible areas, the less visible activities of lurkers/visitors and staff/admins warrant at least a passing remark.

### **The Thread as a Genre**

The principal genre of communication on SuicideForum is the thread. As Orgad (2009) notes, threads “do not have straightforward face-to-face parallels” (p. 48); it is a discursive form unique to computer mediated communication (CMC). Postill (cited in Pink et al., 2016, p. 109-110) identifies several characteristics of what he calls “threaded sociality,” or sociality found across Web forums, which are relevant here.

First, threads are *polylogical*; they are neither monologic nor dialogic, but involve three or more participants. In the sample thread provided, consisting of six posts (Appendix, Figure 3.6), there are four participants including the topic creator (TC), who created the thread and to whom the first post can be attributed.

Second, threads are *serial/sequential*; thread posts follow a linear logic and succeed one another, lacking the overlaps and indeterminacies characteristic of face-to-

face conversations. In this sense, posts are non-overlapping speech acts, and threads are intertextual rather than hypertextual. This is especially the case for SF, where links to external webpages are discouraged, so that the thread is a bounded unit, with conversations transpiring within rather than across URLs.

Third, threads are *asynchronous*; they do not unfold in real time, unlike chat room conversations. Users stay connected to others and formulate responses at their own pace, and messages are automatically archived, allowing latecomers to revisit earlier posts in order to get up to speed. In the sample thread, there is a noticeable delay between the first and second posts, which were created no more than a day apart. Between the fourth and fifth posts, the temporal lag is even more apparent at nine days. Because threads are asynchronous, this means that users do not share the same time frame (for that matter, neither do this ethnographer and forum participants). As Steinmetz (2012) points out, differential exposure is part of the experience with threads; each thread has its own timeline, and exposure to posts vary from user to user. Furthermore, because one can contribute to multiple threads simultaneously, “users can be in more than one ‘location’ at any given time” (p. 30). As the example illustrates, given the thread’s reprocessability, old threads can be reactivated and invite newer posts. One thread I analyzed had garnered 199 posts spanning a period of 52 months!

A fourth characteristic of threads is *symbolic variety*. On one hand, threads lack the contextualization cues that give color and meaning to utterances during face-to-face encounters. Having said that, users are able to compensate via other instruments and channels on offer (more on these shortly). For example, SF users can make apparent who/what it is they are addressing by using the ‘Reply’ function, which embeds the

addressee's previous post within the respondent's reply (see post #3 in sample thread). In shorter threads that involve a small handful of participants, this is hardly needed, but in much larger threads it is necessary to avoid miscommunication.

Lastly, threads and threaded sociality possess *public intimacy*. The "narrow-cast, quasi-oral nature of online threads" (Pink et al., 2016, p. 110) imbue them with intimacy, even though anyone in the World Wide Web could be tuning in.

One final consideration not mentioned by Postill is that thread posts (at least within SF) have *uncapped length*. Posts can range from a single emoticon, such as a smiley face, to several pages of text. What this means is that in addition to being able to take their time to formulate responses, users can also take the *space* needed to more fully express their feelings and thoughts. One need not strive for brevity when communicating within the Forums.

### **Instruments**

When creating a profile, users are given the option of uploading an avatar, a static image to represent themselves in the virtual space of SF. It is recommended that users have one, for it will make them seem "more like a 'real person' to our other members," and people with avatars are said to garner more responses ("Getting Started on SF"). This is corroborated by research on the effect of avatars on emotional involvement. For example, Taylor (2010) has found that the inclusion of an avatar facilitates more expressions of concern and sharing of personal experiences among respondents in online healthcare contexts. In SF, the avatar accompanies, in thumbnail form, every message posted by a user. A person's profile may also include a signature, which sometimes takes the form of an inspirational or motivational phrase (e.g. "May the odds be ever in your

favour”; “Go as long as you can. And then take another step”). Like the avatar, the signature accompanies the user’s every post. In the spirit of anonymity, users are prohibited from uploading real-life photos of themselves and providing personally identifying information in their signature.

Communication in SF is conducted primarily via text. Users create new threads, and reply to other users on *their* threads via the ‘Reply’ function. The text that make up posts can be stylized via italics, bold face, and underlining, though these features are seldom used. For emphasis, most users simply capitalize letters. To display one’s emotional state, users can also use emoticons or leave a status message (e.g. “I have a lot of work to do”). Emoticons are used *within* posts, whereas the status message accompanies a user’s every post until changed or removed, just like the signature. Users can also upload documents, images, or web links (e.g. YouTube videos) within posts. However, these cannot contain personally identifying information, spam or advertising, or content that is dangerous, triggering, inappropriate or upsetting.

The site itself offers a host of other functions that are consequential for social interaction and emotion management. Although my cultural analysis is limited to threads, to what is publicly visible within the forum, I bring up these other functions so that the reader can appreciate the depth and complexity of “threaded sociality” within SF, especially since users often refer to “behind-the-scenes” communication in their forum posts, which I am not privy to.

When a user creates a thread, s/he can check a tick box that would send alerts whenever other users respond to that thread. This function obviates the need to obsessively check said thread, which can lead to disappointment or anguish if no new

posts are forthcoming, especially if the subject of a thread is grave. Because a single thread can garner multiple responses, the topic/thread creator (TC) can choose to reply to a specific person using either the @ tag followed by that person's username, or by using the 'Quote Reply' function on the post itself. Users have up to five minutes to edit their posts, after which the edit button disappears, allowing for small changes that are nevertheless consequential—for instance, softening one's advice with the addition of hedge phrases and qualifiers.

Users can also opt to receive automatic alerts whenever there is new activity on threads other than the ones they have created. These include threads they have replied to, and threads they are "watching" as non-participants. This alert function maximizes the feeling of support one may receive, as well as the support one is able to offer others. For instance, new members often find SF by accident, when they are searching for suicide methods; in other words, they are among the most acutely vulnerable users of the site. By automatically receiving alerts when there is new activity in a Welcome thread, veteran users are poised to give new users an influx of esteem and emotional support.

Because threads are open to public view, a user can send another user a more private and personal message via the 'Private Conversation' function. However, the "User Guide" recommends getting to know others on the Forums first, before moving to "a more 'one to one' setting." The same function can be used to message staff directly if the user has any questions or concerns. Unlike private conversations with other users, private conversations with staff are more freely endorsed and do not require permission. Replying to someone's private message is functionally no different from replying to someone's post. A private conversation can have more than two participants; should a



user add more participants, they will be able to see the conversation in its entirety, from the very beginning, not just at the point of entry.

Each registered user also has a “wall” on which other users can leave personal messages. This wall is not visible to visitors and unregistered users, but information about it can be found in the “Getting Started in SF” document, which recommends using the wall to “welcome new members or just check in with people to let them know you are thinking about them, or to thank them for replying to your thread.”

Sometimes, users prefer to speak to others in ‘real time,’ to solicit immediate support or companionship—hence the availability of chat rooms. The key distinction is that whereas threads and private conversations are asynchronous, with each post separated by a noticeable delay, chats (public or private) are synchronous, or occurring in ‘real time.’ Just as users can migrate from public threads to private conversations, so too can they migrate from public to private chat rooms involving fewer participants. But as the “User Guide” suggests, “If you want to talk to people in private, please ask them in the chat room if that is okay first to be polite.” Interestingly, many users find the pace of chat room interactions too fast to keep up with and instead prefer the slower pace of threads. This echoes Hymes’s (1972) observation that instruments are hierarchal, and Strate’s (1992) observation that the temporality of digital platforms (i.e. cybertime) is not uniform.

The site has multiple ‘Report’ functions on offer. Users can report posts that violate community standards—for instance, if they break forum rules, are unkind, or contain spam. They can also report private conversations if the other participants are behaving inappropriately or are making them feel uncomfortable. Reporting is

anonymous, meaning that the reported user will never know the identity (i.e. username) of the reporting user. Chats also have a ‘Report’ function, and additionally, a ‘Block’ function that offended users can exercise. This will render the messages of the *offending* user invisible to the offended user; from the offending user’s perspective, the offended user will appear to be simply offline. In short, blocked users will never know they have been blocked (at least in theory). These functions illustrate how the technical design of web platforms can mirror the values of its sponsors or creators (Wijetunga, 2014), which in this case is geared towards the protection of all users’ feelings, both offended and offending.

In addition to the ‘Report’ and ‘Block’ functions, which are situational, users can choose to ‘Follow’ or ‘Ignore’ specific users. ‘Following’ allows one to track another user’s activities, but will alert that user that s/he is being followed. There is no limit to the number of users one can follow, and it can be used in service of providing timely emotional aid to befriended users. ‘Ignoring’ renders another user’s activities anywhere on the site completely invisible to oneself. This is recommended if a particular user consistently posts messages that one finds disagreeable or upsetting, even though they are not in violation of community standards. As with blocks, the ignored user will never know s/he is being ignored: “The person you are ignoring is not informed” (“Getting Started on SF”). Therefore, the feelings of both the ignoring and the ignored parties are protected. (SF users’ protective orientation to one another is a norm that I will address shortly).

Before concluding this section, two other technical features of the site warrant consideration. First, the site strives to be mobile-friendly, and registered users have the

option of turning off certain features of the site, such as signatures, to make pages load faster on mobile phones. As innocuous as the feature of portability may seem, it is highly consequential; suicidal users can solicit timely aid and support anywhere, without having to be tethered to a laptop or desktop computer, which are far less portable.

Second, a user can never delete his or her own SuicideForum account. The rationale is that if accounts can be deleted, it would cause undue confusion among registered members if an old username were to be picked up by a new user (“Getting Started on SF”)—similar to what Pesochinsky (2010) describes as “username-squatting.” Upon closer inspection, this design feature is actually congruent with two key *cultural premises* invoked by members in discourse (which I discuss in later chapters). The first is that *once considered, suicide will always remain an option*, even when a person’s life has turned around for the better. The second is that *a safe place never closes its doors*; it neither traps people in nor shuts people out. By preventing account deletion, users who have been inactive or left can always come back and resume participation, and they are free to do so should the darkness of suicidality descend once again.

To summarize, SuicideForum offers many instruments that are consequential for how users discursively manage their emotions and communicate with each other. A recurring theme is that these instruments are designed to minimize interpersonal conflict and maximize the support given and received. For example, blocked or ignored users will not know they have been blocked or ignored; and by following users and threads, one is poised to give members in crisis timely emotional aid. Site functions also allow members to vary their level of comfort and participation—for instance, by migrating chats from

public to private arenas, or withdrawing from participation altogether, without forsaking website privileges.

### **Explicit Rules of Conduct**

In the next two sections, I present explicit rules of conduct and implicit norms of interaction. I invoke them in subsequent chapters as they are relevant, but I formulate and pull them together here to give readers an overall sense of how they guide the production of threads within the Forums. These rules and norms here are not exhaustive.

The site explicitly forbids actions that are dangerous and those that worsen other people's feelings. Thus, the sharing of suicide means, methods, and plans is prohibited, as are graphic details or descriptions of self-injurious acts. The latter can be "triggering" for individuals who engage in routine, non-suicidal self-injury, because thinking about self-harm often leads to the urge to self-harm, as prior research has found (e.g. Alvarez, in press) and as the site itself explains: "If other people can picture how you are harming, have harmed or are intending to harm yourself, this is a method and is not allowed." Encouraging or promoting suicide is also prohibited, as is "pacting," or soliciting partners for suicide pacts. The posting of suicide notes and timelines is likewise prohibited; as the admins explain in "Site Rules," doing so "can make people feel that they have 'said it, so now they have to do it.'"

Because of its commitment to a "pro-life" standpoint that sees every human life as valuable, euthanasia and 'right to die' arguments are not permitted (though users are entitled to their own beliefs). In this vein, dissuading other users from seeking professional help is a serious offense. The site recognizes that members have varying feelings and opinions about different treatment forms (psychotherapy, psycho-

pharmacology, inpatient treatment, etc.), but adds that whatever treatment they decide to pursue is at their own discretion. Regarding medication, for example: “Whether or not people take medication is a decision that is strictly between them and their doctor” (“Site Rules”).

Site rules dictate that users refrain from expressing violent intent or desires, toward people, groups, animals, and other living things. Swearing is allowed, provided that it is not directed at other users. Members must also refrain from sexual content in their posts, of which there are two types. The first is concrete details of abuse, rape, and other sex-related trauma, which can be “triggering” for other members who have first-hand experience with these issues. Users *can* talk about their abuse or rape history, provided that they do not mention specifics. The second type is titillating talk: “sexual banter, flirting, crude innuendo and/or graphic content” (“Suicide Forum Guidelines and User Manual”). After all, SF members can be as young as 13 years old (the minimum age to join). Adult users caught “grooming” or engaging in other predatory behaviors toward minors are reported to the authorities.

SF acknowledges that the site is no substitute for medical or professional support, and that matters requiring physical and/or legal intervention are beyond its capabilities. Thus, minors (below the age of 18) found discussing physical or sexual abuse are urged to report it to the authorities (the thread in question is promptly deleted). Likewise, users who are deemed to be at imminent risk of causing harm to themselves or others, are urged to contact someone in their immediate vicinity (e.g. local hospital or police, family member, friend, counselor) for help and support. Their accounts are temporarily suspended until professional help is sought.

Other proscribed behaviors that may compromise the general well-being of SF users include pressuring others into meeting offsite, in real life, which is also considered predatory. On that note, one is prohibited from asking other members for their offsite contact info. Users can voluntarily share their contact info *privately* with other members (there are no policies against this), and wait to see if it's reciprocated, but they do so at their own risk. Endorsing or encouraging behaviors considered illegal in the US, UK or Australia, such as the use of illicit substances or abuse of prescription medication, is also prohibited.

To enforce the site's rules, staff and admins have put in place a warning system that penalizes users for gross violations ("Suicide Forum Guidelines and User Manual"). There are two types of warnings: (1) unofficial warnings, which carry no warning points and are issued for minor or trivial offenses (the nature of which are not specified); and (2) official warnings, which do carry points and are issued when explicit rules are broken.

Each official warning comes with 3 points, with few notable exceptions that I return to shortly. The first warning brings the user to 3 points, and the one after that to 6 points, which results in one-week, limited access: s/he cannot participate in chats, and every message s/he posts is subject to moderation. The third warning brings the user to 9 points, in which case, s/he is under two-week suspension. The user in question is limited to reading others' posts; s/he cannot reply, create threads, participate in chats, or privately message other users. The fourth warning brings the user to 12 points, which results in a permanent account ban and loss of all user privileges. Warning points do expire in two years, as long as the 12-point threshold is not reached.

Consistent with the site's tenant of taking all communication seriously and ensuring the safety of all users, the following offenses carry the maximum of 12 points: encouraging suicide, "pacting," sexually aggressive or predatory behavior, and antisocial behavior such as trolling. These immediately result in account termination.

Other offenses carry variable sanctions. For instance, pushing one's religious agenda (or anti-religion stance) may result in limited access or account ban, depending on the severity of the offense; the post is promptly deleted. The admins take the position that people's faith, or lack thereof, ought to be respected: "Do not recommend people seek help from God, the church or any other religious activity, nor make statements that seeking such help is harmful or useless" ("Site Rules"). Users are prohibited from belittling other people's beliefs, and from encouraging or discouraging others' attempts to seek religious support or engage in religious practices (e.g. praying, fasting). However, it is permissible to speak of one's positive experiences with religion, provided that this is not done in a preaching manner.

Participating in the forums or chats while intoxicated is also prohibited, because lack of sobriety limits coherence and compromises one's ability to engage in meaningful dialogue with others. Intoxicated users are threatened with temporary account suspension; how moderators are able to tell if someone is intoxicated remains a mystery. Sharing messages that other users have disclosed privately (i.e. in private messages or chats) is considered a breach of trust and may also result in account suspension, possibly termination. Lastly, because SuicideForum is not an advertising space, but a space in which to receive and offer support, gross advertising and spam are prohibited, but there is

no mention of whether these carry official or unofficial warnings in the Site Rules or User Manual.

### **Implicit Norms of Interaction and Key**

SF members abide by the “do no harm, promote no harm” credo. Even when they themselves desperately want to die, they would never (in the words of one user) “encourage a sensitive sounding beat up person to end it all.” But it must also be added that members *encourage and congratulate attempts to refrain from suicide and self-harm*. The following two examples, both addressed to a user who has found a constructive way of dealing with self-harm urges, are illustrative:

Feeling good is a good thing to feel; it’s not a dream or just an illusion, it is actually your brain feeling better! Keep holding onto the things that make your day easier and don’t fall into the urges that will get rid of the mood. I believe in you. You can fight this.

massive well done for doing the distraction thing!!! that’s awesome!! even if it doesn’t completely work every time the simple fact that you have done it and are willing to try is brilliant and the more you do it the better you will become at it.

Note that the respondents are under no illusion that the “urge” to self-harm can be magically erased overnight. They are aware that the urge can be powerful and even cause one to relapse. However, they are hopeful that the user has the capacity to “fight” the urge and, with practice, gain the mastery to overcome it.

Members are not only committed to minimizing harm, but to increasing one another’s quality of life, evident in their *supportive orientation towards one another*. As several members write to a fellow user who was feeling “down in the dumps”: “we all want to help you on making the changes you want to have that beautiful life you deserve”; “you are worth it!”; “without you, the world would be just a little less sweet.”

The respondents reassure TC that s/he is deserving of a “beautiful life,” and that the loss



of one valuable human life has repercussion for other lives. Members also *abide by the implicit norm of reciprocity* (“Anything I can do for you guys, let me know”); one cannot be on the receiving end only, but must also pay the support they have received forward.

A recurring form of support in SF is esteem support, in which *members validate and bolster one another’s sense of self-worth*. In response to a member who is contemplating suicide and deems him/herself unworthy of life and love, several others write (italics added):

All you have is this life, your life. *You do matter* even when the odds are against you. We care about you! Don’t forget it!

Please do realize that *you are worthy of love* too.

The fact that *you are brave* enough to talk about this here, shows that *you’re stronger than you think*.

*Members assure troubled users that they are not alone* in their thoughts and feelings (“I’m also having these daily struggles. Hopefully we can help each other”), and one can argue that by underscoring their common struggle, members lend greater authenticity to their words.

Another way members provide esteem support is by *correcting other users’ negative self-evaluations*. In response to a user who believes that s/he is the cause of others people’s misfortune and suffering, another user writes: “I refuse to believe that anyone is dying because of you, and if you aren’t around the world loses a caring soul and we already have a shortage of those.” Elsewhere, the TC berates him/herself as a coward for wanting to die by suicide, to which a member responds: “I don’t think of you as a coward, but a person in pain...Being selfish and being in pain are two very different

things.” In yet another thread, a member finds herself so unattractive she is on the brink of giving up on finding love. Two other users respond as follows:

I don't think you're a failure, and I'm sure you will find a boyfriend one day because you are a great person.

You have friends here...lots of people appreciate you being here. You have many things in you that makes you worthy, there are some things where you might fail, but they don't define you. You are a cheerleader despite all the problems.

The respondents reassure TC that she has many desirable traits that contradict her notion of self as unworthy and make finding love possible, including resilience in the face of adversity (“You are a cheerleader despite all the problems”) and a (virtual) presence that others “appreciate.” The second comment is especially noteworthy, because it acknowledges that the TC is not without flaws (“there are some things where you might fail”), but that her flaws do not detract from her value as a person.

It goes without saying that members air disagreements respectfully—as the examples above have shown, and as the following message to another user's self-deprecating comments illustrates:

i like you ... but i am going to disagree with you a lot here ok. i am not trying to attack you or be mean to you, i feel like you are looking at things from one perspective and maybe you just need to look at things anew.

The respondent softens his/her disagreement by opening with a palliative (“i like you”), and following it with a disclaimer that the comment is not intended as a personal attack (“not trying to attack you or be mean”). By prefacing the actual criticism with “i feel like,” it is made clear that the criticism (“looking at things from one perspective”) is subjective, arising from one person; and by softening the suggestion (“look at things anew”) with “maybe” and “just,” the compulsion to act on the suggested course of action is removed from the recipient.

*Members typically offer one another advice and support grounded in their own personal experiences.* For example, in response to someone who was suffering from recurrent nightmares, one user suggests imagery rehearsal treatment, a form of cognitive-behavioral therapy that seeks to alter the content of nightmares. Drawing from their experience with this particular modality, the respondent suggests that TC write down his nightmares and change the details little by little each time, in both writing and during sleep, until they become far less threatening. In response to a fellow user with social phobia who was dreading an upcoming interview, another user writes: “I was afraid to go out and get a job, go to interviews, afraid to go to work and fail, so I made sure I was more afraid to be poor and that pushed me to get a good job.” This was followed by words of encouragement from another user: “from all that i have failed, i have learned. many successful people started out with many failures.” In all three examples, users lend authenticity to their advice or support by showing that it is rooted in personal experience, that they too have struggled with similar challenges.

One important caveat: because SF members believe that each person’s life experiences are ultimately unique to that person, they are *careful not to overestimate the efficacy of their advice*: “We can tell you our experiences but that may not be representative of you”; “Again, this is my opinion and train of thought. Take it or leave it. I’m not pushing anything nor judging anyone.” Users offer one another advice but *take care not to be imposing*, and they do this by *acknowledging that their experience might not be representative of others*, even when the struggles appear similar.

When members make suggestions that they have not personally “tried and tested,” they do so by *softening them with disclaimers, hedge phrases, and other mitigating*

*devices*. These are apparent in several examples above, and in the following responses to a user who suffers from crippling anxiety and has turned to SF for help:

What about making a list throughout your day of the things that have gone right...worrying is a misuse of the imagination.

Maybe you should start worrying that you'll win the lottery, or that you'll have more friends than you know how to handle...pick a couple of ridiculous worries to think of when the other ones pop up.

The above come from users who do not share TC's condition, hence the tentative delivery of suggestions ("What about," "Maybe you should"). Members are *careful not to offer advice that invalidates the other's condition*. For example: "set aside time in your day to worry...And then when the time is up, no more worrying." The respondent is *not* telling TC to cease worrying altogether; that would be unrealistic, if not insensitive to someone who suffers from anxiety. Instead, the respondent is suggesting that TC limit the impact of anxiety by setting temporal parameters around it.

In the event that members have no constructive feedback or advice to offer, they may post nonetheless to let TC know that his/her words have been "heard." For example, in response to a member seeking advice on coming out as trans to her classmates, one member posted: "I'm not trans so I can't say that I have advice to give you. I do wish you all the best and hope that everything goes well. Big hugs and love!" The respondent acknowledges the experiential gulf between him/her and TC ("I'm not trans"), which suggests that any advice s/he offers would not be rooted in personal experience and may come across as inauthentic, and thus refrains from doing so. But just because one cannot offer sound advice, it does not mean one cannot wish another the best of luck in their chosen course of action, which the respondent does with much affection. Here are two other examples, posted in two other threads:

There isn't really anything I can reply....just wanted you to know that I read what you wrote and thinking of you.

I wish I had some advice for you. I just wanted to let you know you're not alone, keep posting and hopefully you'll get a little bit of comfort from being heard here.

These members could have chosen to remain silent by not responding. Instead, they begin their post by acknowledging their limits, and proceed to make it clear that TC is in their thoughts. By being in someone's thoughts, one is not alone, knowledge of which (it is hoped) would bring comfort to the distressed user. On a related note, *members check in on users whom they have not heard from in a while*, by posting new messages on a thread that the user had created ("just popping in to check on you and see how things are"). This is another way of reassuring other members that someone is thinking about them.

Recipients of supportive comments and advice *express gratitude emphatically*, as the following example shows:

I kinda just expected some tips and advice but you guys went above and beyond that and I genuinely don't know how to thank either of you. It means a lot that you've done this, you've really helped me out, so thank you. SO much love to both of you <3.

The recipient admits to having low expectations initially ("I kinda *just* expected *some* tips and advice"), which were then surpassed ("went above and beyond") by the two users being addressed, rendering TC at a loss for words. The recipient's depth of gratitude and sincerity are captured by the ASCII image of a heart, the qualification of "love" with "SO much," and the use of other emphatic devices ("genuinely," "a lot," "really"). *Even when an advice is ineffectual, recipients may express gratitude nonetheless*: "But thank you both for the kind words."

The explicit rules and implicit norms of SF structure an atmosphere that is conducive to disclosures of a highly sensitive sort and respectful of the feelings of

everyone involved. As it will become more apparent in subsequent chapters, by and large, communication in SF is keyed as highly confessional, premised on openness about one's innermost thoughts and feelings. The expression of strong feelings is not discouraged in SF, as this lengthier extract makes apparent:

I've been gay for as long as I can remember. I had a fleeting moment of a girl crush when I was 12 but that was it. I've always been attracted to men and I only have feelings for men. The problem is, my family is a religious one. My kind is not accepted nor tolerated, in fact they are found repulsive. But I'm not faking it, I've been fighting it as long as I can remember. I've dated girls because I convinced myself that I can force myself to be straight, but the truth is I can't stand them in relationships. I have no feelings for them and feel like they're an obligation rather than a partner. But when I date guys, despite having feelings for them, I end up feeling guilty because somewhere ingrained within me is the notion that being gay is sinful and that I'll lose my family and a lot of my friends. I can't be straight and I can't be gay, and so I don't know what to do. I've never felt so confused and lost in my life. I had 2 life threatening brain surgeries, and a part of my brain physically died, and I convinced myself that might change my orientation, but it didn't, it only left me more vulnerable to the tragedies and ironies of this life. I'm only 23, and my surgeries make me face death quite often, while my orientation basically tells me I have no future. I'm at a point where I'm so numb I prefer to be alone and see/feel nothing for no one.

Though this post is not explicitly about suicide, it is similarly marked by a sense of desperation ("I don't know what to do"), futility ("I have no future"), and despair ("I can't be straight and I can't be gay"). TC is caught between a rock and a hard place (so to speak); his gay identity flies in the face of his religious upbringing, and his attempts to be otherwise ("force myself to be straight") are largely felt by him as inauthentic. But when he does strive to live authentically ("when I date guys"), he experiences immense guilt and concern over losing loved ones. Against his hope, circumstances beyond control ("life threatening brain surgeries") did nothing to resolve his sexual orientation issue. Instead, he is left feeling ennui ("I'm so numb") and with a bleak outlook on life ("I prefer to be alone and see/feel nothing for no one").

## Summary of Findings

Below is a recapitulation of the structure and composition of SuicideForum.com, the technical affordances on offer, and the communicative possibilities within the site's discursive spaces. This time, however, I rearrange the order of findings to reflect that of Hymes's (1972) SPEAKING mnemonic.

**Setting:** Architecturally, SF consists of areas that are static and areas that are modifiable by user activities, such as the Image Gallery, whose message-image combinations tap into cultural premises active in the Forums. The site also contains resources such as numbers for crisis hotlines and links to crisis resources, as well as prescriptive and informative articles on suicide and self-harm, depression, and various other mental health issues.

These areas are overshadowed by the Forums area, which houses 120,000 discussion threads and 1.4 million posts by registered users. The Forums is divided into eight topical sections, which in turn are divided into sub-sections. The architecture of the Forums is constantly changing to adapt to members' variable needs. Some (sub)sections that were previously gated might suddenly become open, while others that were once publicly accessible are now restricted to registered users.

**Participants:** One can participate in SF as a visitor or lurker, who is limited to accessing content; as a registered member who can create new threads and participate in public and private chats and discussions; and as a staff member or administrator who moderates content and ensures site functionality. The majority of SF users are geographically based in English-speaking countries—unsurprising since communication in the Forums is primarily in English.

Most members are either currently suicidal or have been suicidal at some point in their lives. They present with various mental health conditions, physical ailments, and life circumstances, illustrating the multiplex etiology of suicidality. Forum participants appear to be diverse in terms of clinical profile, age (thirteen is the minimum for participation), gender and sexual identities, and religious orientation. The site's inclusivity is mirrored by the architecture of the Forums to an extent. Distribution on the basis of race-ethnicity and class cannot be ascertained, though many users report financial struggles and economic hardships.

**Ends:** Members create and participate in threads in order to discuss suicide and the circumstances (both internal and external) that produce suicidal thoughts and feelings. They may seek advice and support from others with similar struggles, and share personal stories in order to ventilate and/or have their experiences validated. Members post on existing threads to dissuade others from acting on suicidal thoughts and self-harm urges; to provide esteem, emotional, network, and informational support, including their experience with various treatment options; and to offer practical and informal advice grounded in personal experience.

**Act Topics:** The wide range of topics discussed in SF speaks to the idea that suicide implicates *all* of life and cannot easily be compartmentalized. Nevertheless, the architecture of the Forums, which is divided into eight topical sections, provides a satisfactory overview of the general categories of topics members discuss. Again, these include suicidal thoughts, feelings, and attempts; clinical and social risk factors for suicide; various mental health conditions; physical ailments and disabilities; formal and



informal treatment options; strategies for coping with stress; and general frustrations with day-to-day living.

**Key:** Communication in SF is highly confessional, and users encourage openness with one's innermost feelings and thoughts. They are sensitive to and respectful of the views being expressed, even when these views are not in alignment with their own. Disclosures of tragic life circumstances are marked by confusion, desperation, futility, and/or despair, while attempts to bolster others' self-esteem are keyed as non-judgmental, sympathetic if not empathetic, encouraging, and/or congratulatory. Communication is supportive without being imposing; others users' agency and right to self-determination are respected.

**Instruments:** Registered users can represent themselves within the virtual space of SF via avatars, signatures, and handles/usernames. Communication in SF is primarily text-based: members can create new threads, reply to posts within their threads, and reply to posts in others' threads. They can also 'Follow' threads created by others and receive alerts whenever new messages are posted there. This feature can curtail the anxiety of waiting and maximize the possibility of giving and receiving support, especially when the subject of a thread is dire. One can also 'Follow' select users, which can be enlisted in the service of providing timely emotional aid. Other communicative features include private messaging, posting on walls, and real-time chats, though the latter are deemed too fast-paced by many users.

In unfortunate cases, one can 'Report,' 'Block,' or 'Ignore' users who are behaving inappropriately or posting messages that are too upsetting. The offending party will never know that s/he has been blocked or ignored, but will know if s/he has been

reported (though not by whom). This design feature mirrors SF values of protecting the feelings of *all* users, offended as well as offending.

SF has mobile functionality, allowing suicidal users to solicit timely aid without being tethered to a stationary device. The site also prevents account deletion, allowing inactive users to resume participation at any time.

**Norms:** Before norms of interaction, there are rules of conduct. The site's "do no harm, promote no harm" principle forbids the sharing of suicide means, methods, and plans; the promotion or encouragement of suicide; the solicitation of suicide partners; and the posting of "triggering" information. Dissuading users from seeking treatment or help is also prohibited. Additional prohibitions include swearing at other users; expressing violent intent or desires; posting concrete details of sex-related trauma; titillating talk; and pressuring others into meeting offsite. Violations of site rules are punished with loss of user privileges, and at their extremest, account termination.

These explicit rules serve to minimize distress and harm and maximize the safety and general well-being of all users. The communicative norms of SF are also reflective of these commitments. Members congratulate attempts to refrain from self-harm and assure one another that they are not alone in their suffering. They provide advice and support grounded in personal experience, without overestimating the efficacy of one's advice or invalidating the particularity of the other's situation. Negative self-evaluations are respectfully corrected and offers of support are reciprocated.

**Genre:** The principal genre of communication in SF that is of concern here is the thread. Unique to CMC, threads are neither monologic or dialogic but polylogical; are serial/sequential and lack the overlaps of face-to-face interactions; do not unfold in real-

time (i.e. asynchronous); and possess some symbolic variety and invite public intimacy. Users stay connected at their own pace, can contribute to multiple threads simultaneously, and can reactivate inactive threads at any time.

With these components of the *communication scene* established, it is now time to focus our analytical lenses on the *speech community*. Specifically, we will embark on the deep meanings discursively co-created by SF members when they speak of suicide—from the myriad pathways to self-destruction, to the emancipatory possibilities of authentic communication.

## CHAPTER 5

### DISCURSIVE PATHWAYS TO SUICIDE<sup>4</sup>

As the previous chapter has shown, the architecture of SuicideForum (SF), the instruments on offer, the generic properties of threads, rules of conduct, and norms of interaction, structure a discursive space in which participants from many walks of life, presenting with various mental health conditions and tragic life circumstances, can speak freely about their thoughts and feelings of suicide. This communicative space is also one where no topic of conversation is out of bounds, provided that it is in accordance with established rules and does not infringe upon other members' well-being and right to safety. So long as they are not "triggering," frank discussions about suicide and its myriad precipitants can proceed unencumbered, delivered with few constraints and with the emotional pitch suitable to the words being conveyed.

In this chapter, I use cultural discourse analysis (CuDA) to arrive at problematic ways of being, relating, acting, feeling, and dwelling in the world that radiate from SF members' conversations about suicide. First, I fix analyses on the discursive hub of identity and emotion, being and feeling "suicidal," linking its usage to participant notions of a bifurcated self and to a plethora of negative affect aside from "depressed" mood. Next, I fix analyses on the discursive hub of action, "suicide," expressed in participants' discourse as an agentic act, one that consists of five sequential acts. This is followed by a discussion of "suicide" as the product of relational rupture, which can assume many guises, and suicidal individuals' fraught relationship to the mental health system. I then explore the dialectic of placelessness and entrapment that radiates from participants' discourses whenever they speak of the "world" they inhabit. In the concluding section, I

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<sup>4</sup> Brief excerpts of this chapter appear in draft form in Flanigan and Alvarez (2019).

re-present findings as a series of *cultural premises*, this time in list form, categorized by radiant.

### **The Ontology and Emotional Expressivity of Suicide**

When members speak of “suicide” they inevitably speak of *being* “suicidal,” which is expressed in discourse as the product of a fractured identity. This fragmentation presumes an “inner” self and an “outer” self that are profoundly disconnected from one another. In SF members’ discourse, the metaphor of the ocean is frequently invoked.

Discussing their avatars, two members write:

the ocean to me is a reflection of my inner self, looks can be deceptive, sometimes it’s peaceful and quiet and other times in turmoil, bubble and trouble, it holds beauty within but dangers can also lurk deep inside

i love the ocean, its so powerful, and the way the waves are crashing against the rock reminds me of the inner turmoil i sometimes feel, idk [i don’t know] if that makes any sense, and also this picture was taken in a seaside town i have visited many times

The ocean is discursively elaborated through such qualities as “peaceful” and “quiet” on the surface, but full of “danger” and “turmoil” underneath its calm veneer. So potent is this inner turmoil that it can cause waves to swell and crash against rocks. Such is the suicidal person, who might appear tranquil on the outside but contain so much depth of feeling that they threaten to implode.

In discourse, members characterize the outer self that they project to the world as artificial or fake, and the inner self, which is hidden from view, as real and authentic (e.g. “I feel like I have to put on this metaphorical outfit and wear a fake smile just to fit in”; “I hide behind a mask”). Of course, one can argue that everyone experiences some discrepancy between public and private, “front stage” and “back stage” (Goffman, 1959). In particular speech communities, bifurcation of the self is not only expected but

natural—evident, for example, in the concepts of *honne* and *tatemae* in Japanese contexts (Kotani, 2002), and *batin* and *lair* in Java (Geertz, 1973). In SF members' discourse, however, the discrepancy is not only expressed as immense but problematic, too. The two parts are incongruent, and it is congruence that is sought. This may be erected on the popular American notion that the inner should be aligned with the outer for one to *have* an “authentic self” (Carbaugh, 2005). But because the inner self contains that which is unacceptable by society's standards, it must be kept secret: “People tend to make public the things that society approves of, and then hide all the rest.” Doing so, however, can cause one to “suffer in silence.”

The fragmentation of self can also be expressed temporally. There may be discrepancy between past and present selves, between who one *was* and who one *is*. One member who'd been running for years “felt completely lost” after quitting track and field, because his identity as a runner constituted a vital part of his self. Another member discovered that he “couldn't handle” the role of father he was suddenly thrust into. There may also be discrepancy between present and future selves, between who one *is* and who one aspires to be, as in the case of an overweight member who wants so badly to be thin and gets “angry at myself for eating.”

In both scenarios, there is once again a gulf between a social (i.e. outer) self, and an ideal(ized) (i.e. inner) self; falling short of the ideal may create a profound sense of “worthlessness.” This deep dissatisfaction with the self also manifests in discourse among members who are unhappy with their sex at birth: “I didn't want to be a male”; “Being in a male body for 17 years is far too long for us, more than a decade of not being the woman you identify and you truly are, can be detrimental!”; “I hate being a woman!”

In sum, SF members' sense of self can be captured by the following cultural premise:

*There is a suicidal self, and this self is bifurcated into incongruent parts: a problematic inner self and a socially aligned outer self. The asynchrony between the two is experienced as a source of great anguish.*

When SF members speak of *feeling* “suicidal,” it should come as no surprise that the words “depression” and “depressed” are often invoked. Within the discursive space of SF, depression refers to a crippling state that renders the world bleak and all manner of activity impossible to perform. *Depression is felt in both body and mind*; according to one member, it is “both physical and mental struggle.” It induces lethargy, weariness, and fatigue, making trivial tasks appear herculean: “it takes energy that you don’t have just to get up, get dressed, and go to work.” It can also debilitate the body in other ways, such as sudden loss of appetite. Simultaneously, depression makes one “feel empty inside” and instills a sense of futility: “I just don’t know what my point on this earth is”; “i have lost all interest and motivation...i’m not interested in myself anymore, what’s the use, nothing good happens.”

Regarding depression’s etiology, members appear to espouse both endogenous (arising from within) and exogenous (arising from without) attributions—though attributions for “suicide” are almost always exogenous, which I address later in the chapter. Endogenous or “good old variety depression” (in the words of one user) is that which surfaces without an apparent cause, whereas exogenous depression is precipitated by an external stressor: “I already had a depressive phase a few months ago after my girlfriend broke up with me”; “next week will put me in a dark place. my dad’s anniversary of death”; “I had another incident last night which caused me to fall into a

deep depression.” What is fascinating about these two types of depression is that for SF users, they are not expressed as mutually exclusive. Endogenous depression experienced in the present may have its roots in the distant past, such as “the pattern of abuse and neglect” that caused one member’s “first bout of depression,” which has waxed and waned since. Meanwhile, another member correlates his recurrent nightmares and depression to witnessing his father’s crimes when he was only a child. In other words, *SF members’ discourse about depression identifies its cause as tragic events in life, but the cause of depression need not be temporally proximal to the episode of depression.*

Though “depression” is often invoked in discourse, one must be careful not to treat it as synonymous with “suicidal.” When the discursive hubs “suicide” and “suicidal” are used, so too are affective terms such as “pain,” “misery,” “anguish,” “loneliness,” “sadness,” “anxiety,” “fear,” “powerless,” “useless,” “worthless,” “purposeless,” “nervous,” and “bored.” Although tracking each of these discursive hubs of *feeling* for their deep meanings is far beyond the scope of this investigation, their mere invocation suggests that *the suicidal state is expressed as a complex of feelings rather than a singular feeling, and that depression is a necessary but not always sufficient cause of suicide.*

Because so many powerful feelings are amalgamated, the experience may be difficult for SF members to articulate to others who “have not gone through them,” for as one member writes, “I don’t even understand them myself.” But *suicidality is not merely an amalgamation of negative feelings, but the expression of these feelings in intensified form.* For instance, fear becomes “an all consuming and crippling thing to overcome,” and phobias so blown out of proportion that one retreats from participation in social life,



anticipating that “there will be more bad things to come.” No source is too small or too trivial for such feelings (“If it’s causing you pain then it matters”). Phrased another way, according to SF discourse, *every source of painful feelings is valid*.

When one is in the grip of suicidality, the feelings may seem ubiquitous (“Darkness seems to surround me all the time...I feel so close to death”) and interminable (“A never ending track of nothing”; “it isn’t getting any easier”). These feelings can be so intense that the physical pain of bodily harm, or even death, becomes preferable: “for me at least, i’d rather get stabbed again than feel emotional pain”; “I want to go to bed and hope I won’t wake up.” The experience is so terrible that members “would not wish this on anyone,” not even upon those they detest or dislike. On that note, no SF member truly wants to die by suicide: “I’m not afraid to die, I’m afraid to die sad and hurting...I want to die happy.” *Suicide becomes a choice when no other choices are foreseeable*.

Feelings of *ambivalence*, a cardinal feature of suicidality identified in the clinical literature (Jamison, 2000; Joiner, 2005), are also expressed by SF members.

[T]he slow turning yellow, bright yet morose, strong but wilting...swaying lightly to the wind as the sun sets. It feels like my mood right now. Stuck between light and dark feelings.

The small puff of smoke...is a reminder that there is still some hope there (no smoke without fire). Though it also represents how easy something or someone could re-ignite or completely snuff out that hope.

In the first extract, a member compares herself to a sunflower, a flower known for reaching for the sun but ultimately falling under its own weight. The contrastive sets of words—“bright” and “morose,” “strong” and “wilting,” “light” and “dark”—capture the ambivalence of suicide, the dance between optimism and futility, resilience and frailty. In the second extract, a member envisions himself as a small flame on a candle’s wick,

easily snuffed yet fiercely hanging on. He is navigating the thin line between hope and despair, but for as long as there is even a spark of hope, it is possible that life can burn brightly once more.

*Though the feelings seem interminable and are experienced as such, they too shall come to pass, even if momentarily.* This cultural premise is captured by the following replies to acutely suicidal members' threads:

this hurt will fade and you will find enjoyment in life again, it just takes some time

the passage of time and the receiving of grace are wonderful healers

the pressure you are going through now is going to ground you so much more firmly for the future.

Pain wanes with the ebb and flow of time, and once it has subsided, the suicidal person will experience pleasure in life once more and possess the resilience to endure future adversities. The challenge, then, is to stay alive until such a time finally arrives.

To summarize, tracking "suicidal" as a discursive hub of *being* reveals that suicidality is expressed in discourse as the product of a fractured identity. This identity presumes a discrepancy between an authentic "inner" self and a socially aligned but inauthentic "outer" self, though multiple variants of such discrepancy are expressed. As a discursive hub of *feeling*, "suicidal" is linked to "depression," which may be endogenous or exogenous, though the two types are not mutually exclusive. "Suicidal" is not synonymous with "depression," however, for it is also linked discursively to other affective states, suggesting that suicidality is an amalgamation of negative feelings in intensified form.

## Suicide as an Agentic Act

There is a deeply held belief, shared by clinicians and laypersons alike, that suicide is an impulsive act (Joiner 2005, 2011), the product of raw emotion. Contrary to this popular view is the belief expressed in SF members' discourse that suicide is volitional and agentic, the product of careful thought and deliberation, as the following extract illustrates:

8. i will not describe the exact method but i attempted to introduce electricity into my body. i had seen a child die that way in a movie. however in the movie the child was much smaller/younger, so it could never have worked. the trigger was anger, actually...anger at god (which i believed in at the time) who never answered my prayers and wouldn't do the job himself. every time i was raped by my uncle i would pray, "please god let me die, please just let me die." that is all i wanted. not for him to kill my uncle, just to make me disappear forever. but he didn't listen, so i figured i needed to get to work on it myself.

This user was responding to the question, "How old were you when you first attempted suicide?" Consistent with site rules, the user refrains from describing the exact method by keeping the details vague. They then proceed to speak of the circumstances that led to their attempt at age eight. Due to the relentless sexual abuse they suffered at the hands of their uncle, they prayed to a higher power to make them "disappear forever," but with no reprieve in sight, they took matters into their own hands and resorted to suicide: "he [god] didn't listen, so i figured i needed to work on it myself." Suicide here is framed as a last resort, which is consistent with the cultural premise above that *suicide becomes a choice when no other choices are foreseeable*.

To underscore suicide's volitional nature, other members invoke the words "plan" and "decision," as in the following examples: "I *plan* on not being alive to see my next birthday"; "It has to be very well *planned*, and one should not be in a heavily altered state of mind when preparing to carry out the action"; "the *decision* to suicide." The third

example is particularly telling given the usage of “suicide” as a verb while keeping the focus on the agent rather than the act. As further evidence, consider the following reactions to a member who had expressed wanting to kill him/herself as a way of seeking revenge on (possibly imagined) tormentors.

‘Revenge suicide’? No, nobody forces a person to commit suicide—it is based on your own choices and your own responses and actions.

Don’t do things for other people.

Choosing to end your life to make others feel bad is a false hope of martyrdom I am afraid... There is no such thing as suicide for self defense period.

The discourse here is structured clearly around the belief that *suicide is committed by the self for the self*, and the transgressive member was brought into line for suggesting otherwise.

The above exchange has every hallmark of the form of cultural communication identified by Philipsen (1987) as *social drama*. A community member violates a communal code (breach), which other members notice, attend to, and make public (crisis). The offender then seeks to repair the damage s/he has wrought (redress); in this case, by disavowing what s/he had previously said: “Thank you for the responses, I was probably just ranting out of paranoia and I will probably never know either way.” After the redressive action, the offender is welcomed back into the fold (reintegration), or the communal code is contested (schism) and renegotiated. In our example, the belief that suicide is enacted “out of desperation...to stop the ongoing pain” is reaffirmed.

In discourse, the pathway to suicide consists of five sequential acts of variable length. First, there is a period of deliberation with no attempt: “I used to hang my Barbies and pretend it was me”; “I was already thinking about suicide during early teens”;

“Started praying for it at 5.” This period can span months or even years, and could take place at an age when the person did not yet fully comprehend what death or suicide meant, as the following comment suggests: “I was baffled afterwards because ... I couldn’t recall ever hearing about death at that point, so I have no idea where the idea actually came from.”

The second act involves the enactment of risky behaviors that are not necessarily suicidal in intent but pose dangers to oneself nonetheless. Such behaviors might include participating in criminal activities and gang life, having unprotected sex with multiple partners, abusing illicit drugs and substances, or in the case of one member, “riding a dirt bike recklessly.” The connective thread is utter disregard for one’s physical and biological safety.

During the third act, the person makes a “preliminary” attempt, or “practice run” as one member called it. Like the second act, there is no real intent to die (“less than earnest and more of a cry for attention”), but unlike the second act, harm is inflicted not by an external agent but by the person him/herself. The harm is also inflicted directly rather than indirectly.

In the fourth act, a further attempt is made, this time with the intention of losing one’s life. The attempt has been described by members as “active,” “legitimate,” and “serious,” and it is typically preceded by a period of research to determine the appropriate means to one’s demise. Should the active attempt succeed—in the first try or after subsequent tries—the person is said to have “committed” suicide. Act five, then, is death, the cessation of one’s existence, the termination of one’s life. The five acts follow a loose sequence; the duration of each act, and the periods of intermission between acts, are

highly variable in length (e.g. “I was 10 when I first started to have daily thoughts about it, 14 when I made a ‘gesture’, and 17 when I made a real attempt”; “it just clicked to end my life one day but it took me ages thinking about it and what I should do”).

It is important to note that the fourth act’s “active” attempt has a “trigger,” referred to by some users as the “straw” that broke the proverbial camel’s back, or that which “pushed” one over the precipice or “edge.” In discourse, the trigger is almost always relational; in other words, as a hub of action “suicide” inevitably taps into the radiant of *relating*. Triggers mentioned include the death of a parent or loved one, rejection by or separation from a significant other, harassment and bullying, physical, emotional and/or sexual abuse—the list goes on. As I elaborate in the next section, these sources of relational rupture call into question one’s sense of connection to others.

The discursive attribution of suicide attempts by SF members to relational causes, to factors extrinsic to oneself, runs counter to the view espoused in the biopsychiatric literature (Jamison, 2000) that suicide is primarily the outcome of *endogenous* forces arising from within the individual. According to this view, biochemical imbalances produce the conditions (e.g. major depressive disorder, bipolar disorder) that we recognize as mental illness, which in turn may eventuate in suicide. However, SF members reframe the etiology of suicide by centering relational causes instead of medical ones. In doing so, suicide is transformed from a medical phenomenon into a human phenomenon; *instead of a (biologically) damaged human being, the culprit is damaged/damaging relationships.*

This does not mean members of the SF community reject the medical model of mental illness entirely. In fact, many (but not all) identify as mentally ill; among the

diagnoses invoked in discourse are “OCD [obsessive-compulsive disorder],” “MDD [major depressive disorder],” “Bipolar,” “ADHD [attention deficit/hyperactivity disorder],” “High Functioning Autism,” et cetera. Some attribute their mental illness to genetics (“a lot of the time it’s what we are born with”), and/or avail themselves to pharmacologic treatment for temporary reprieve (“it has allowed me to carry on and even have some brilliant times along the way”). The important distinction is that even members who subscribe to a medical view of mental illness, do *not* necessarily subscribe to a medical view of suicide.

Invocation of the word “trigger” and similar other terms also suggests that from SF members’ discursive point-of-view, *suicide is multi-causal rather than uni-causal*. The trigger, the precipitating moment, is but one event in a long chain of misfortunes. Observe the following comments: “*Many* things triggered it but I think the main thing was my dad walking out on me”; “What triggered me, my family had *several* successful suicides in my/our history”; “it was building *over time*.” From an outsider’s perspective, the act of suicide might seem impulsive when only proximal factors are considered, but when one views a life through eagle eyes, it becomes apparent that *suicide is a culmination of events temporally distant and near*.

Suicide is seriously attempted only as a last resort, when pain has reached its highest pitch (“I couldn’t take the pain any longer”), and when no other options seem feasible or are forthcoming (“I’ve already tried getting help so see no other solution to my suffering”). In fact, *it is preferred that one “hang onto” life as fiercely as one can*. Within the pro-life context of SF, when a member confesses a desire for death or losing the will to live, it is customary for other members to acknowledge the feelings behind the

message (“I am so sorry you are feeling this way”), then offer words of encouragement (“if you aren’t around the world loses a caring soul”) and/or concrete advice grounded in personal experience (“make a list throughout your day of the things that have gone right”), in the hopes that the distressed member will reconsider life. I have touched upon some of these norms in the previous chapter, and they will be more fully explored in the next chapter.

Interestingly, the decision to die and the decision to continue living are both expressed in terms of courage and fortitude. To “keep going” even when one wants to “give up” is courageous because it means actively resisting suicide at every turn. At the same time, SF members acknowledge how frightening death and dying can be, even when the desire to die is strong. Therefore, *overcoming one’s fear of death requires courage, albeit a different kind of courage than the one required by living*. In the words of one member: “Never attempted yet, I’m too coward.” The idea that suicide is “courageous” flies in the face of popular discourse which suggests that suicide is a cowardly act, exclusive to those who are afraid to pull themselves up by the bootstraps and face life head on (for a discussion of this stereotype, see Joiner [2011]).

*Once the option of suicide has been considered, it will never cease being an option*, as these comments illustrate:

[O]ne never lets that ‘option’ go, when things get hard it’s a way out.

I went through the process of buying a somewhat expensive suicide method, truly believing I would use it soon. I never did of course, but it’s hidden away in my closet should I ever choose to do so.

The best thing about making decisions is that we can change our mind and make another one, we don’t have to stick to them.



The discourse expresses the view that *the decision to live is impermanent and one's stance on life is subject to renegotiation*. Abandoning the decision to die does not guarantee that the desire for suicide will never return; it is merely a deferral. In this vein, past suicide attempts are re-evaluated in light of present circumstances. When life seems hopeful, members express gratitude that past attempts had failed: "Now, although my problems and difficulties in life still remain, I feel lucky and good that I am alive." On the flip side, when one's current predicament seems bleak, one wishes instead that past attempts had succeeded: "The greatest regret in my life is not getting it right"; "I was actually happy I didn't die. I look at that situation now and I really wish I did." But even those who are happy to be alive realize how precarious the state of happiness can be: "Glad I am here ... but I swear some days are so bad I could do it again and the right way." For SF members, *suicide is a door through which anyone could walk, and once opened, it remains perpetually ajar*.

As SF members' discourses illustrate, "suicide" as a hub of action is discursively linked to notions of agency and free will. Suicide is the product of careful thought and deliberation and consists of five sequential acts of varying length. Attempts at suicide have a "trigger," which is primarily relational, though this trigger is but one event in a series of misfortunes. However, suicide is enacted only as a last resort, when no other choices are foreseeable, but once considered it will forever remain an option.

### **Suicidality as Failure in Relating**

As mentioned, when speaking of suicidal thoughts (ideation) and attempts, members of the SuicideForum community cite relational rupture as a trigger or precipitant. This rupture has several variants, though they are not mutually exclusive.

One such variant involves horrific acts and abuses (physical, emotional, and/or sexual) that the user has either experienced at the hands of another, or witnessed being inflicted upon somebody else. The perpetrator in either case is often someone in whom trust had been placed, which makes the atrocity all the more devastating. For example, one member spoke of attempting suicide as a young girl “after I came home to my father who slammed my mother’s head on top of the washer and side of the dryer.” Another made an attempt after being stalked by a former lover who then “tried to burn my house down with me and my children in it.”

For some members, adverse experiences in the present can stir up distressing memories of the past, which then trigger suicidality and eventuate in a suicide attempt. This was the case for a member whose day to day experience with sexual harassment conjured memories of molestation and rape by her father’s trusted employee: “I lived in a city where I was harassed by men on the street constantly, followed home a lot, chased down, and called all sorts of degrading names. It reminded me of getting raped and molested so I attempted because of emotional distress.”

As a counterpoint to the first variant, in which the other is discursively constructed as “abusive” or “toxic,” there are SF users who attempt or consider suicide believing that *they* are the ones “toxic” to others. In such cases, suicide is said to be enacted for the benefit of a loved one—what Durkheim calls altruistic suicide (1897/1979). Observe the following post:

I tried to end it all last Friday. I never thought I would ever be in a place that I could kill myself and rip out my daughters heart like that, but it seemed like the only way to make her life better and I really felt like I could not take one more morning of waking up. I have a gambling addiction, this is the reason for all my pain and problems, but I won't elaborate on that right now.

The user, the mother of a young girl, believes that her gambling addiction has made her a burden on loved ones, especially her daughter. She is convinced that her daughter's life would be better off if she were out of the picture (i.e. dead).

The belief that the life of another would be vastly improved if one were to die has also been noted by Joiner (2005) in his work with clinical populations. However, contrary to his argument that suicidal individuals (due to cognitive constriction) are unable to comprehend the lasting pain their death would leave in its wake, members of the SF community express awareness of suicide's "ripple effect of pain and suffering." The user above is certainly aware that killing herself would "rip out my daughters heart," as is the following user: "Of course, there are many others who would suffer immensely because of this, most of all my family. My death would be totally traumatic to my parents, and my older brother and sister." But this awareness is offset by the logic that suicide's relational "pros" outweigh its "cons"—a view that one arrives at by "putting my emotions aside, looking at it from a purely logical viewpoint."

Another variant of relational rupture expressed in discourse is the termination of a relationship, which can take the form of a break-up, separation, or divorce. For example, two SF members—a man who found himself "newly divorced" and a woman who "had just broken up with my boyfriend"—attempted suicide shortly after their relationship came to an end. In SF discourse, abandonment by a loved one is also a potent trigger of suicidal thoughts, feelings, and behaviors. One member felt the sting of abandonment, and became acutely suicidal, upon discovering that her mother had packed her bags and left the family: "I came back home couldn't find my mom she left us because she wanted to divorce my dad." Another found himself on the brink of suicide after his betrothed,

with whom he had been together for six years, “left me on the day we were going to announce it.”

A special case of relational rupture invoked in discourse is death. One man found himself in the grip of a suicide crisis after witnessing the bitter end of his mother’s ordeal with cancer: “My mother had just died after two months of slowly dying.” Elsewhere, a woman recalls taking an overdose at age four in order to quell the pain of her grandmother’s demise: “My reasoning was that people took medicine when they hurt and I was hurting as one of my grandmothers had just died.”

Two additional variants of relational rupture warrant a passing remark here. The first is betrayal—as in the example of a man who caught his wife cheating on him, or the user (described earlier) whose prayers to a higher power went unheeded. The second is rejection or repudiation, which can be real or imagined. For instance, a young man attempted suicide shortly “after being rejected by my best friend who I swore I was in love with,” and two others attempted under the assumption that the objects of their desire would never reciprocate their feelings.

Whether or not relational rupture is real or imagined, sudden or foreseen, within or beyond one’s control, one’s sense of connection to others is severely undercut. “I felt alone, I had no one with me,” wrote one member. “I was profoundly alone...alienated from almost everybody,” echoed another. “I felt completely detached.” The use of the words ‘alone’, ‘alienated’, and ‘detached’ indicate a pervasive sense of singularity. Recalling her negligent foster family, whom she heard laughing upstairs, from the cellar, as she was losing consciousness from a drug overdose, one user painfully writes: “My existence didn’t mean anything to anybody.” The discursive link between relational

rupture and suicidality, from the vantage point of SF members, can therefore be summarized in the following cultural premise: *Staying alive is contingent upon sustaining meaningful ties to others. When such ties are compromised, the will to continue living is undercut and the possibility of suicide may surface.*

In Forum threads, the other is at times discursively constructed as lacking empathy for suicide attempt survivors.

My husband was angry with me, he hardly showed me any compassion for the first two days [after the attempt].

Even idk [I don't know] what's wrong with me but something surely is and the worst part is my parents keep pretending like im okay.

[P]eople in my life aren't helping...they all think being tough will help me toughen up but it is just pushing me off the cliff. They all should know if their method is working and it's making things worse.

They expect answers and I don't have an answer and I can't find any answer...I am so tired trying to live up to everyone's expectations and constantly disappointing them all. They all keep forcing me to be someone I am not.

The lack of empathy finds expression in multiple ways. In the first two examples, *compassion is withheld or the suicide attempt itself is denied*. But even when suicidal feelings are acknowledged, others are said to *behave in ways that are unhelpful*; in the third example, a “tough love” approach was not perceived as loving at all (quite the contrary, in fact). Finally, as the fourth example suggests, *foisting one's expectations upon the suicidal person* may serve as a painful reminder of his/her shortcomings.

In all of the above instances, the underlying thread is that others “just don't get it.” Because these others “have not walked in your shoes,” they are likely to “interpret your actions as selfish,” as one member writes to another. Thus, based on SF users' discourse, *deferral of judgment, and sincere attempts to walk in one's shoes, is desired of*

*non-suicidal others*. This is captured poignantly by one woman's post, who writes of her husband: "he tells me he feels sorry for me and that he may have done the same thing if he was in my situation...maybe he is starting to get it."

So far, I have addressed the discursive links created by SF users between problematic relationships and suicidal ideation or attempts. Their discursive relationship to social institutions, particularly the mental health system, also warrants closer inspection. Mental health professionals are painted with suspicion and distrust when they treat individuals who suffer from conditions with which they themselves have no first-hand experience. Because such specialists have "no real understanding of how much pain you're really in," they are framed as incapable of "listening." "I won't waste my time talking with a professional," posted one member, suggesting his/her words will just fall on deaf ears. A discursive theme among members dissatisfied with the psychiatric establishment, especially, is the sense of being impersonally processed, of being made to fit the same-sized shoe as everyone, so to speak. Wrote one disgruntled member: "I have yet to find a psychiatrist who actually does something aside from talking the same old methodologies that doesn't work and/or apply to everyone, one that doesn't treat depression and anxiety like it's just another common cold."

Interestingly, the "common cold" analogy recurs in other posts, as in the following: "I am always anxious everyday. It's really terrible but I can't stop it but psychiatrists' advice were all useless. They treat one problem like it's just a common cold." The "common cold" analogy suggests that SF members' conditions are being trivialized, treated less seriously than they should be by the professionals entrusted with their care. A common cold, after all, is hardly worth the worry. Functionally, it is

something physicians do not even treat, as patients are expected to recover on their own. Moreover, by discursively linking “depression” and “anxiety” with the “common cold,” members are imputing to psychiatrists a view that such mental health conditions are easily fixed when in reality they are not. The discursive linkage also suggests that experientially complex conditions are being lumped together, effacing their differences and the specific challenges each presents.

It is tempting to conclude from the above posts that SF members are discursively positioned against conventional treatment regimens and dissuade one another from seeking professional help. However, to equate the SF community with what Haas and colleagues (2010) call Online Negative Enabling Support Groups (ONESGs) would be erroneous. ONESGs are online communities in which extreme views are fostered, negative and possibly dangerous behaviors are co-constructed as positive, negative thoughts about the self or other go unchallenged, tips for enacting harmful behavior are shared, and offline ties are portrayed as unsupportive, thus deferring the possibility of help-seeking. Suffice it to say, SuicideForum’s “do no harm, promote no harm” principle disqualifies it as an ONESG. Furthermore, many SF users express recognition that counseling or therapy *can* be helpful if the professional is “empathetic,” somebody who “listens.” Speaking of his/her psychiatrist, one member remarked, “I would not be here if it was not for her,” and urged other members to approach therapy “with an open mind and the attitude that it WILL help.” This member felt his/her story listened to and understood, rather than casually brushed aside as a generic cluster of illness symptoms.

In short, rather than adversarial, SF users’ relationship to the mental health system is actually quite mixed. Despite differing views, however, there appears to be agreement

on what constitutes effective and ineffective professional intervention, which can be summarized as follows: *Treatment that is rigid and impersonal is unhelpful, while treatment that seeks to understand someone's life can be life-saving. To listen is to make an effort at understanding.* On that note, a professional's behavior towards his or her clients discursively ranges from cold objectivity to empathy, and there is strong preference among SF members for the latter. I return to the discursive hub action, "listening," and to the deep meanings it activates, in the next chapter when I discuss the pathways to recovery that SF users discursively co-create, and the extent to which the shared space of SF fulfill communicative needs.

To bring this section to a close: suicide is discursively constructed in the Forums as a failure in *relating*. Relational rupture has several variants, including abuse, termination of a relationship, betrayal, and repudiation (real or imagined). A thread linking these variants together is that one's sense of connection to others is severely undercut. When the other is constructed in discourse as lacking empathy, s/he is said to withhold compassion, behave in ways that are unhelpful, and/or foist their expectations upon the suicidal person. Mental health professionals who act in this way are a disservice to suicidal individuals, but those who practice "listening" rather than impersonal processing are said to be life-saving.

### **A Dialectic of Entrapment and Placelessness**

In this final section, I explore what *dwelling* in place means to SuicideForum users as it is activated in discourse. When users speak of place, they do so in reference to both physical and symbolic space. With regard to physical place, some members discursively construct the "world" they inhabit as anathema to survival. The world is



deemed uninhabitable, if not “hostile” or “alien.” Recalling the days of his/her youth during which s/he was chronically suicidal, one user writes: “I was profoundly alone in a world of evil vindictive children, teachers, and parents.” Another user, who claims to have been “abused at school, tortured at home,” writes of “having nowhere safe to be.”

To exorcise one’s suicidal thoughts and feelings, it is necessary to “remove the triggers,” which often means extrication from the precipitating environment.

Unfortunately, the precipitating environment is a place others typically associate with warmth and safety, such as the school or home. Furthermore, extrication is sometimes deemed impossible due to relations of dependence that keep one locked in place, such as a student who relies financially on his or her parents, or a spouse who has no means of making a living. Thoughts of extricating oneself may also induce fear of placelessness, which could keep one paralyzed and unable to act.

Of course, not every member of SuicideForum is the recipient of chronic mistreatment and abuse, but even those without a history of trauma invoke a sense of entrapment in their forum posts. Sympathizing with another member, one SF user writes:

I know what you mean. Still in the looping life you don’t want and not able to shift into getting the help that you need, including helping yourself. Those moments where you have the idea of what you need to do but you are in the quicksand of the situation and you think you need superhuman strength and the willpower it would take to pull a tree up by the roots in order to do it.

The invocation of “looping life” speaks volumes, for it suggests being stuck in place revisiting the same human dramas, like the jarring repetition produced by a broken record. The “quicksand” metaphor adds to the feeling of inextricability by invoking the sensation that one is slowly but surely sinking, even when the path to freedom is painfully in sight.

For other forum users, however, it is the feeling of being unsettled, displaced, and without place, that is expressed as a source of anguish. One member who had spent years in prison cites “homelessness” upon his release from jail as an aggravating factor (“I had nowhere to go”). Another compares him/herself to a “giraffe in space...not sure how I got here and probably can’t get back to earth on my own.” By likening oneself to a helpless animal, and by conjuring the vastness of outer space, the user appears to suggest that s/he is drifting aimlessly in life, without the power to alter his/her trajectory. Others express feeling like they have no place in the world, as in the following two posts:

Still don’t really want to be alive but I’m [no longer] suicidal, it’s more boredom that I can’t function in the real world so I sit at home without a thing to do, just sick of it.

The future is just so unclear and unsure for me, idk [I don’t know] if I have a place in it or for how long i can keep up or if i can even make it.

For these users and many others, placelessness is discursively linked to a lack of direction, clarity, purpose, or movement:

I dream of a thing called significance.

I was going nowhere and I basically dug my life into a hole, pretty much figuring I was going to do nothing with my life.

Life just felt/feels worthless.

At its extremest, the feeling of being unsettled is expressed as disembodiment.

Recounting his/her suicide attempt, a member writes: “I was so empty inside that it felt like an out-of-body experience, like something metaphysical was happening.” In short, there is failure in *dwelling*—in one’s world and in one’s body.

Interestingly, the feeling of being stuck *in* place, and the feeling of being unmoored *to* place, both suggest that one is not where one should be. To paraphrase, *the*

*disjuncture between where one is (or isn't), and where one ought to be, can be a source of much despair.* In the words of one user: "Life is about trying to find a better place to live." Moreover, *in order to feel anchored to the world, one must be in relationships that sustain and have a sense of purpose. Having neither purpose nor sustaining ties can sever one's connection to place, which can undermine the will to continue living.*

So far, I have explored the discursive links between suicidality and a fraught relationship to place. But the affective states associated with suicidality also influence space, so that for SF users, *the relationship between place and affect is reciprocal. Just as place colors affect, affect also colors space.* This is palpable in the diminution of space brought forth by debilitating anxiety, as expressed by a user who "had a nervous breakdown and lived in my closet for four months until I couldn't take the pain any longer." This is also palpable in members' characterization of depression as auratic, as something that envelops a person wherever s/he may go, in the process tainting his or her perception of the physical world: "A constant low level depression follows me and sometimes really rises up and feels overwhelming."

It is not surprising, then, that SF users describe depression in spatial terms, as the following data strips illustrate: "I'm in a dark place"; "Just between a rock and a hard place right now"; "I am in such a pit"; "I have reached rock bottom." One member likened depression to a "long and dark tunnel," without a foreseeable end in sight, while others compared it to finding oneself within the eye of a cyclone or storm. In these examples, there is a curious dialectic of contraction and expansion, such that *the world is rendered either too small or too large by suicidality and its attendant feelings*, which finds parallels in the sense of entrapment and placelessness noted above.

Last, but not least, is the discursive role of imagination in the creation of symbolic spaces. To escape the “cruel world” that they inhabit, however briefly, many SF users create a fictional space to which they can retreat. “Making up my reality eases the emotional pain. I can be anything and do anything I want,” writes one member. This fictional space can sometimes take the form of an idealized past. In a thread where members discuss the rationale behind their chosen avatar, images of nature are a recurrent motif, which are discursively linked to joyful memories of a bygone past. Describing his/her avatar, one member writes: “nature is all love in the world, manifesting as a perfect playground for us humans...a happy content place.” “I like to think I can get back to that feeling of pure happiness,” echoed another.

Elsewhere, others imagine an afterlife where there is no more suffering, and where one may be reunited with a loved one lost, bringing solace to the present. A member describes his/her avatar, which represents heaven, as follows: “I love cloud pictures because I am always trying to catch a glimpse of someone...just to know they are there and I will one day join them.” This is not to say that all users believe in an afterlife. Some are neither spiritual nor religious, espousing the belief that consciousness ends with the termination of the body’s cellular activities. Others express belief that neither heaven nor hell is a place, “but a state of mind we inflict upon others and ourselves.”

The creation of imagined spaces serves two purposes: (1) it grants temporary reprieve, and (2) it offers a window into more hopeful ways of dwelling in the world, as the following post eloquently captures:

My avatar is a balloon flying over a cloudy sky. It represents the goal where I want to find myself in the end. I think when you stand below the clouds – on

earth – the clouds can darken your view by getting in the way of the sun. But on the other side of the clouds you are always near the sun.

As I illustrate in the next chapter, the affordances of the internet and the shared space of SuicideForum opens up other windows, allowing members to mutually constitute new ways of being, feeling, acting, relating, and dwelling in the world.

### **Summary and Conclusions**

One of the hallmarks of both online and offline communities is *intersubjective identity*, or the identity shared by its constituent members (Baym, 2010; Philipsen, 1987; Willson, 2006). Although this identity is part and parcel of individual members' identities, rarely does community identity overtake individual identity. The existence of a collective identity does not presuppose a homogeneity of experiences and interests, and as the discourses in SuicideForum illustrate, members come from all walks of life and present a diverse array of personal circumstances and histories. Having said that, the application of cultural discourse analysis (CuDA) to forum posts has revealed communal codes that members of the SF community share. These codes define what it means to be a suicidal person, to feel suicidal, to attempt or commit suicide, to relate to others, and to inhabit the world. In short, these five radiants of meaning tap into SF members' shared identity.

As a community, SF discursively construct the suicidal self as bifurcated, split between inner and outer, public and private, past and present, present and future, actual and ideal(ized)—and this schism produces intolerable suffering. As an affective state, suicidality is expressed not as a singular feeling, but as a complex of intensified feelings. Though depression is a cardinal feature of suicidality—expressed here as the outcome of tragic life circumstances temporally distant and near—it is *not* synonymous with

suicidality, for other negative feelings beyond depressed mood are also implicated.

Another characteristic of suicidality identified by SF members is ambivalence; though the feelings seem interminable, reprieve may come if only one hangs onto life.

As an action, suicide is constructed in discourse as agentic, the product of careful thought and deliberation as opposed to raw emotion. It is “committed” by the self *for* the self. The cause of suicide is multiplex rather than singular, and like depression, it can be attributed to factors extrinsic to oneself—notably, damaged or damaging relationships. Staying alive, then, is contingent upon sustaining meaningful connections to others, who must be empathetic, non-judgmental, and willing to both “listen” and walk the proverbial mile in one’s shoes. Should these ties be compromised, the will to continue living is undercut. Meaningful social ties also keep one anchored to the world, without which, one may either feel trapped or unsettled. In seeking refuge from the world’s cruelties, one may retreat into symbolic spaces one has created. Rather than mere escapism, however, this retreat may open windows into new possibilities for inhabiting the world.

In what follows, I present in list form the cultural premises, or more abstract formulations of taken-for-granted *cultural* knowledge and beliefs, that are active in SF users’ online discourse. Because the premises are categorized by radiant, repetitions across categories are inevitable; for instance, the cultural premise that affect colors space (and by extension, that depression is auratic) activates both radiants of *feeling* and *dwelling*. Taken together, these help explicate the cultural logic at play in the discourses on suicide SF members co-produce.

**Being:**

1. There is a suicidal self, and this self is bifurcated into incongruent parts: a problematic inner self and a socially aligned outer self. The asynchrony between the two is experienced as a source of great anguish.

2. No one deserves to be suicidal, but anyone can become so, even early in life. The suicidal person is ambivalent and oscillates between life and death.
3. Staying alive (continuing to *be*) is contingent upon sustaining meaningful ties to others and having a sense of purpose.

**Relating:**

1. Having meaningful relationships can keep one tethered to life. When one's relationship to others is undermined, thoughts and feelings of suicide may surface.
2. Relational difficulties may be real or imagined, sudden or foreseen, within or beyond one's control, located in the present or in the past.
3. The supportive other "listens," defers judgment, and makes an effort to understand, even if they themselves have never experienced a suicide crisis. The unsupportive other is impersonal, withholds empathy, and casts judgment.

**Acting:**

1. Suicide is an agentic act, committed by the self, for the self. But it is enacted only as a last result, when pain has reached its highest pitch and no other options are foreseeable.
2. Suicide is not a selfish act, for it can be enacted for the benefit of a loved one, despite the lasting pain it leaves in its wake.
3. The act of suicide is the product of careful thought, but one can think about suicide for a long time without acting on it. Risk-taking behaviors are not necessarily suicidal, but they can pave the path for eventual suicide.
4. One can make "preliminary" suicide attempts without the intention to die. When there is such an intention, the attempt is "serious." If an attempt succeeds, one is said to have "committed" suicide.
5. Suicide attempts, both serious and preliminary, are "triggered" by events that call into question one's connection to others.
6. Suicide does not have a singular cause; it has multiple causes, temporally distant and near, but appears impulsive when only proximal events are considered.
7. Once considered, suicide will forever remain an option. The decision to die requires courage, as does the decision to life. The latter is preferable, despite how interminable suicidal feelings may seem.

**Feeling:**

1. Depression is auratic, enveloping a person wherever s/he may go. It debilitates both body and mind and colors their perception of the world.
2. The source of depression can be located inside or outside the person. Endogenous and exogenous depression are not mutually exclusive, however. Depression that has no apparent cause in the present may have roots in the distant past.
3. Every source of painful feelings is valid. There is no such thing as a trivial source.
4. To feel suicidal is to experience an amalgam of negative feelings, including but not limited to depression. It also involves ambivalence toward life and death.
5. The amalgamated feelings may seem interminable, but they too shall come to pass. One would not wish these feelings upon anyone.

6. Feeling disconnected from others can undercut the will to live. Conversely, feeling empathically understood can restore the will to live.
7. Courage is required to overcome the fear of death and commit suicide. But courage is also required to continue living.

**Dwelling:**

1. The discrepancy between where one is (or is not), and where one ought to be, can be the source of much despair. This discrepancy is felt when one is either trapped or unsettled.
2. In order to feel tethered to the world, one must be in sustaining relationships and have a sense of purpose.
3. Hostile environments can produce thoughts and feelings of suicide. Even if one has the means to be free, relations of dependence and a fear of belonging nowhere can keep one trapped there.
4. One's perception of the world is colored by one's feelings. The world may become too large or too small when one feels suicidal.
5. One can retreat to imagined spaces for temporary reprieve, for they serve as windows to more hopeful ways of inhabiting the world.



## CHAPTER 6

### A DISCOURSE OF POSITIVE TREATMENT AND RECOVERY

In the previous chapter, I discussed how the discourse in SF structured problematic ways of being, relating, acting, feeling, and dwelling that brought suicidal persons to the Forums in the first place. In this chapter, I address various discursive actions which provide hopeful avenues toward emancipation from suicidality. First, I examine SF members' discourse about a "safe" and ideal place, the people who inhabit such a place, its temporal and spatial boundaries, and the ways in which the discursive space of SF includes these desired qualities. Then, I address the recuperative discursive actions for thwarting suicide that members share with one another. Radiating from these concrete suggestions and advice are prescriptions for meaningful action and proper management of emotion, including the value of taking incremental steps toward recovery, redefining life and death, and articulating one's story to free the negative emotions trapped within.

For a story constructed in this site to be cathartic, however, it must first be heard. In the next section, I discuss the role of discourse about human relationships and that of formal and informal support systems in the lives of SF members. In addressing the discursive link between recovery and relationality, the salvific power of "listening" and being "heard" and the circularity of reciprocity are explored further. This is followed by a discussion of the ideal and emergent selves SF users mutually co-construct in and through discourse, and the centrality of purpose and change to a meaningful existence. I conclude the chapter with a recapitulation of cultural premises active in SF members' discourse—again, organized in list form and categorized by radiant.

## On Finding a Safe Place

Two seemingly innocuous yet powerful discursive hubs of dwelling invoked by users are “SF” and “here,” which depict not only a shared space, but an orientation to the present moment shared by its members. By tracking what “SF” and “here”—and variants like “this forum” and “this site”—mean to participants, metacultural commentaries about what constitutes a “safe” and ideal place emerge. In doing so, it becomes immediately apparent that what constitutes a good place for SF members to dwell, is inextricably bound to participants’ notions of meaningful action, emotion management, sustaining ties to others, and self.

It’s important to reiterate that many users stumble upon SF when they are searching the Web for suicide methods, for the means to their own demise. One does not seek out SF, but rather, “find one’s way here,” with many users describing the forums as a “lifeline.” For most users, *SF is an “ER,” a place for the management of acute crises,* as the following comments illustrate:

I will always come here first, on this forum, my local Emerg.

Without this site, I don’t know what I’d do.

I have had a stroke of luck today ... If it wasn’t for everyone here I don’t know what would have happened.

Finding this and the chat room helped me keep it together.

It has helped keep me alive for about 3 years now.

If things become over bearing and too much to handle I know where to come to before I break down from it again.

These comments suggest that had it not been for SuicideForum, participants would be in an even more dire situation, if not already dead. Before resorting to self-injurious or life-

threatening behaviors, they would go to SF first. SF is *a place where one can seek momentary respite from the stresses of life* before they become too overwhelming. It is also a place where one can go however many times necessary—a sharp contrast to real-life emergency rooms, which set temporal limits on how long one can stay.

What makes SF a “safe” space for crisis management is that it is *filled with others who mirror one’s experiences*, proving that one is not “alone” in the world:

That’s part of what this forum is all about ☺ - giving us all perspective on our issues ... and showing us that other people are hurting too and know how we feel ☺

I am so glad I found this place when I did. I never realized others felt exactly like I did and I never dreamed of the support and care I’d find right here on this website.

The realization that one’s troubles are shared by others can be life-saving, shifting one’s perception of singularity to that of shared humanity. As is evident in the excerpts above, SF is *a place governed by the norm of reciprocity*, with users taking on the dual role of giver and recipient of support (more on this ahead). This is consistent with previous studies on online mental health communities (e.g. Smithson et al., 2011), in which giving and seeking advice or support is a joint responsibility assumed by users, so that in time, everyone is expected to provide, not just to ask. Notice also the following expressions of affirmation and support by users who’d been in crisis, to users currently in crisis:

We are genuinely here to help you through this difficult period of your life, it does get better. Feelings change. Life changes. Circumstances change....

We want you here. All of us on this site. Please don’t do it.

The use of the first-person plural “We” is noteworthy. It communicates to the individual in crisis that: (1) their words of pain and anguish are heard not by an individual, but by a community; (2) one’s life has value to the community; (3) the community will do what it

can to try and alleviate one's suffering; (4) the alleviation of suffering is a genuine possibility, rather than wishful fantasy, since many users can attest to their life changing for the better, meeting the criteria for *authentic talk* (Sender, 2012, p. 115);<sup>5</sup> and (5) participation in the site makes one a valued member of the community.

SF is *a place where one can ventilate one's feelings*: “keep letting it out here, it is good for you.” It is also a place *where one can air one's thoughts without fear of judgment or reprisal*—in part due to the physical and psychological safety afforded by anonymity, and in part due to the supportive orientation exhibited by other users: “no one here can hurt me cause we're anonymous”; “This place is here to ask questions, I've never seen anyone judged for anything they've said here so happy to answer anything I can.” Furthermore, SF is *a place where others “listen”*: “When you do want to talk there will always be someone here to listen.” (I return to the discursive hub of “listening” when discussing radiants of acting and relating.)

The use of the conditional “when” in the above extract is significant, suggesting that users are under no time pressure to express thoughts and feelings, that they can speak their hearts and minds when they feel the time is right. Such respect for other members' agency has also been observed by Sharkey et al. (2012) in an online community for young people who self-harm, whose members refrain from giving direct advice and from coming off as imposing via the use of mitigating devices such as hedge phrases and tag questions. Given the centrality of agency in SF members' discourse—and their preoccupation with *threats* to the maintenance of agency (see previous chapter)—it follows that the capacity for self-determination would be afforded with respect.

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<sup>5</sup> Authentic talk is defined here as presenting genuine feelings and experiences in ways that do not seem performed or contrived.

Within the context of SF, choosing if and when to speak is at the discretion of each individual. In a similar vein, staying in SF is discursively constructed as a choice: “If you *decide* SF is not for you then I hope you find something better with a therapist, friend, or other site.” Everyone is welcome to “stay” in SF, but no one is forced to do so against their will. However, even those who choose not to stay are wished “good luck” in their path to recovery. Since a sense of entrapment is for SF members a major contributor to suicidality, as I illustrate in the previous chapter, their respect for each other’s choice to stay or to go is also unsurprising.

Of course, members are well aware that SF is not the solution to all of life’s problems: “Keep reaching out. That’s the best *before-first-step* I did. And this is where it happened.” This comment speaks to the idea of cyberspace as a *preliminary sphere* (Marciano, 2014), *a place in which one can safely test the waters* (so to speak), such as learning and adopting new coping mechanisms online, with the hope of applying it successfully to offline, face-to-face encounters.<sup>6</sup> SF is but *a way station in the path to recovery*, a “before-first-step” *where the process of opening up about one’s suicidality can begin to unfold*, in the presence of similar others. But it is a way station that can mean the difference between life and death.

As a side note, several users enlist the forums as a *preliminary sphere* in yet another way: starting relationships online with hopes of continuing it offline. While this is not the avowed goal of most users, or the primary motivation for participating in the

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<sup>6</sup> The other two “spheres” that Marciano (2014) writes of are the *complementary sphere* and the *alternative sphere*. The former refers to the idea that cyberspace can act as a supplement to the offline world, such as a teenager’s use of Facebook or Snapchat to continue conversations with classmates after school hours. The latter refers to the idea of cyberspace as a parallel world of sorts, in which users can live out a virtual identity separate from their online self, such as a transgender user with a biologically male body presenting as a cisgender female online.

site, this idea is supported by the existence of threads in which users arrange to meet with one another. In one such thread the topic creator (TC), who lives in London, gauges the interest of other London-based users in meeting face-to-face. Just as fascinating, users exhibit keen awareness that there are predators who prey upon emotionally vulnerable people online (“a predator might try to go looking for targets”). Suggested counter-measures include meeting in public, sending via private message the exact details of the meet-up, and creating a more exclusive, password-protected space within SF for those who agree to the meet-up.

From the manifold ways in which members invoke various discursive hubs of dwelling, several metacultural commentaries about what exactly constitutes a “safe” place arise, which I bring together here. A “safe” place is one where *momentary respite from the stresses of life can be sought*. It is a place that *does not impose temporal limits on the frequency and duration of one’s visits*—in short, a place whose doors are always open, so that *one can come and go freely*, feeling neither trapped nor shut out. One can *freely express one’s thoughts and feelings* in such a place, *without fear of judgment or reprisal*. The place is *inhabited by similar others who suspend judgment and make sincere attempts at empathetic understanding*. Within such a place, *one both listens and is listened to*, and *one’s freedom from imposition*, or negative face needs (Goffman, 1967; Brown & Levinson, 1987), are respected. A “safe” place makes one *feel less alone and part of a community*.

As I have mentioned, the Forums is discursively constructed as a way station rather than a final destination. Recall from the previous chapter that SF members claim to have (had) a very problematic relation to place, characterized by entrapment in an

unbearable situation, on one hand, and by placelessness on the other, a common thread being that one is not where one should be. As one user succinctly puts it, life can be a matter of “trying to find a better place to be”—ideally, one that possesses the characteristics noted above. Having said that, extrication from a “bad” place (or the condition of placelessness), and discovery of a “good” place, are not endpoints either. This sentiment is captured poignantly by the following message:

Life isn't about waiting for the storm to pass, it's about learning to dance in the rain. For I feel often like it's just storming constantly, if I wait to get to another side of the tunnel, I'll never get anything from this. It's about seeing that it's the journey, not the destination.

Though the member in question is speaking metaphorically, using spatial terms like “destination” and spatial imagery like the other side of the proverbial tunnel, the comment speaks to the contingent nature of dwelling. *More important than arriving at a good place is the (emotional) path, however tortuous, that leads to such a place. When one is changed, so too is one's relationship to place.* Even a sense of directionlessness, which is cause for despair, can be freeing when one's outlook in life improves, for it can “symbolize exploration and the many directions we can go towards.”

### **Prescriptions for a Meaningful Recovery**

Discursively, the actions one takes to manage one's emotions is crucial to emancipation from suicidality. Thus, when tracking SF members' co-constructed pathways to recovery, it is impossible to consider radiants of acting and feeling separately.

Recall that from SF users' discursive point-of-view, *suicide must be resisted at every turn* and is enacted only as a last result. One must “keep going” even when one wants to “give up.” The acronym “HOPE,” a discursive hub of feeling that stands for

“Hold On, Pain Ends,” is particularly resonant with users. It’s not surprising that suicidality is often personified as a demon in SF: “Good luck on healing and getting better and getting free of the demons that are tearing you apart.” By giving emotional problems concrete form, they can be wrestled with and subdued. The prolific use of adversarial terms in SF is very telling, suggesting that *recovery is nothing short of a struggle*, as the following extracts illustrate:

I am proud of you for *fighting* the intrusive thought that told you to get off that bus [i.e. commit suicide].

[Y]ou’re like, totally a *warrior* for *fighting* those feelings *every single day*. It takes a true *fighter* to have the *strength* that you do! That *strength* alone is another wonderful reason why you should keep *fighting*.

I have to *fight* with my own (bulimia, self harm, anxiety, depression) *constantly* too because the game will get lost.

[Regarding the user’s avatar] The light saber represents my *weapons* that I use in the [...] *fight* I have left against it...I live the Dark Side *every day*.

Here and elsewhere, the words “warrior,” “weapons,” “fight,” “fighter,” and “fighting” are invoked, as is the word “strength,” a quality that strugglers are presumed to have. The temporality of the struggle is also established as constant (“every single day,” “every day,” “constantly”), rather than periodic or intermittent. Because “holding on” requires strength, *one’s continuing aliveness is taken as evidence that one possesses such strength*, as well as bravery: “I know how strong you all try to be”; “you’re actually BRAVE in not committing suicide.”

*There is no singular, prescribed pathway to “holding on” and “hanging onto” life*, however. Many users espouse conventional treatment modalities, like psychotherapy and psychopharmacology. There are of course mixed opinions about the efficacy of psychotropic medication. Some believe in its effectiveness (“Medication could help you a



lot”), while others register mixed feelings (“I’m kinda reluctant to try anything like that”) or pessimism (“Also got some other mood stabilizer – not that I think it will help”). Other users avail themselves to complementary or alternative treatment options, like mindfulness therapy, expressive arts therapy, meditation, acupressure, acupuncture, and so forth. For other users, what’s good for the body is also good for the mind, and so such activities as daily exercise and maintaining good nutrition are likewise seen as recuperative.

*Any action, no matter how trivial on the surface, can stand between life and death.* No action is ever too small. Keeping oneself alive can be a matter of injecting more laughter into one’s life (“Laughter is the best medicine”), or taking a brisk walk out in the woods (“I think it would be nice if you managed to leave your room though ☺ even just go for a 5 minute walk in the fresh air...It’s a great therapy, it is suggested that we walk everyday”). For one user, the mere pursuit of hobbies helps thwart suicidality: “Listening to records, writing, reading outside, picking flowers and instagramming pretty pictures.” For another, playing with the dog is a source of great comfort, as is following sports on TV. In short, *one should engage in activities that give one pleasure and happiness*; conversely, one should also *refrain from activities that contribute nothing to one’s happiness*. Seemingly trivial activities, when taken in isolation, might seem inconsequential, but *cumulatively they are impactful*: “Doing these types of smaller things might seem insignificant in the short term, but over time they will determine our progress towards our goals and the quality of our lives.”

The path to recovery is not so straightforward and *requires patience and perseverance*. As such, members advocate for a “step by step, day by day” mindset and approach:

I have some plans for today. Just for today...dealing with tomorrow, tomorrow.

Sometimes one day is all you've got in you. And that's good enough. You can only do what you can do.

I have a choice each day on what kind of day I am going to have.

Trust you can climb up very soon – even a little way – from rock bottom.

These extracts illustrate that *recovery from suicidality is incremental* and does not happen overnight. Sometimes all one can do is get up from bed and leave one's room, and that is okay, for one has taken a step. The metaphor of recovery as an uphill “climb” is quite fitting; each movement upward requires tremendous effort, and one can easily lose one's footing if one isn't careful. *One must also focus on the task at hand and not lose sight of the present with concerns about the future*. The therapeutic value of meditation for one user is very telling in this regard:

[T]he idea of meditation is to get more into your body and out of your head, thus into the present moment, away from past and future thoughts...you focus on a task...Like, wash the dishes with awareness, pay attention to how the water feels, don't rush the process and try to only think of the dishes...There's no right or wrong way to meditate and sometimes you just get the tiniest taste of peace but it is worth it and will get easier in time.

By inhabiting the present, which requires keen awareness and a great deal of patience, moments of respite can be found.

From SF users' discursive point-of-view, recovery is by no stretch of the imagination easy, but one must nevertheless make an effort: “The things that will make our lives better are sometimes the hardest things for us to do”; “you have to force

yourself to do something before you feel the reward.” Micro-managing one’s life seems to be effective (“Break everything down into more manageable sizes”). One user, for example, shares the therapeutic value of making lists, which imposes order and meaning upon the chaos of everyday life: “I couldn’t have survived without lists. It kept me focused and it gave me a sense of purpose to get through each day’s list.” And in response to a member with social phobia, two users suggest the following: “Start slowly by going out at night to 24 hour shops when there will likely only be a few people around”; “Or maybe sit next to a window and look out at the world for a few minutes at a time. The mailbox was my way to get out of the house everyday.” In short, *to make gargantuan tasks less daunting, break them down into their constituent parts*. If the day’s demands seem endless and overwhelming, make a finite list whose items can be crossed off. If being in public causes one to feel immense anxiety, start by looking out the window, and progress to walking up to the mailbox, until one’s world gradually enlarges.

The point is to *start with activities one has most control over, until the sense of mastery required to proceed to the next task is acquired*. This proposition is captured poignantly by the following user comment, which compares life to cleaning a house:

[L]ife becomes a real mess sometimes and a lot of the time you don’t know where to start and you start worrying about everything. You don’t clean a room in 5 seconds. You start one thing and then you move on to the next...Then, when you’re done with the room, you can move on to the next thing in your life that you can control.

Users acknowledge the herculean effort that even minor tasks pose, and that *any progress made is commendable*: “You’ve come so far...you’ve worked so hard”; “Please give yourself a gigantic pat on the back”; “Reward yourself along the way”; “do at least one thing nice each day for ourselves.” What matters is that one is *actively* “doing something”

about one's situation. And *should one experience setbacks, or when progress has come to a momentary halt, one must be ready to forgive oneself*: "You are being extremely hard on yourself, please stop"; "let's not beat ourselves up when we feel stuck"; "please forgive yourself."

In discourse, the ventilation of bottled up feelings is another crucial step to recovery. When SF users speak of recovery, the meaning of catharsis is invoked—namely, that *the accumulation of negative affect can be toxic to mind and body, and must therefore be released*. The opposite of cathartic ventilation—repression, suppression, disavowal, denial—are deemed harmful. In response to a user who started having recurring nightmares in anticipation of his father's release from jail, two users write:

I wonder is it possible that you're having thoughts about this during the day that you're not dealing with when they come up, so when your brain unwinds they come out in the form of this nightmare?

If you find a way to manage the anxiety of these thoughts better during the day rather than just pushing them aside, if that's what you're doing, it may help reduce the number of times you have this nightmare.

The respondents are suggesting that the user might have anxiety-inducing thoughts that he is "pushing aside" rather than "dealing with." Because such thoughts and their attendant feelings are not being properly attended to, they "come out" at night when the user is asleep. To reduce the frequency of the nightmares, confronting their underlying cause when one is awake is prescribed. So in addition to the cultural premise that repression is harmful and catharsis beneficial, we might add that *repressed thoughts and feelings don't go away but come back against one's will in full force*. Notice that in the above extracts, respondents softened their suggestions with hedge phrases ("I wonder")

and qualifiers (“if that’s what you’re doing”), a discursive strategy enlisted by SF members that (again) respects the autonomy of other users.

*The ways through which catharsis can be achieved are manifold.* For some, crying every now and then is more than adequate: “Sometimes a good cry is just what you need to release all the hurt you have built inside.” This is corroborated by the following exchange between two users who self-harm in response to stress:

I spent most of the weekend crying. I really hate to cry because it makes me feel weak. But to be honest the crying really helped and I eventually forgot about hurting myself.

[Y]ou were able to recognise your emotions and allow them to run their course without simply resorting to SH [self-harm] and just push them down... Sometimes we have to make ourselves vulnerable and weak in order to become stronger.

From this exchange, it is apparent that *letting one’s emotions run their natural course is the recommended course of action*, and “pushing down” (i.e. suppressing) one’s feelings circumvents that. Though “crying” may be perceived as “weak” by society at large, within the discursive context of SF, the natural expression of one’s emotions is a conduit to healing and transformation.

Aside from “crying,” catharsis may also involve other expressive activities that *concretize one’s feelings*. One user writes about the power of creating art (“Painting helps *release* my pain), while another writes of having one’s affective state mirrored *by* art: “I really like to go to art galleries and look at abstract paintings, because I often feel abstract in my life, so it is cool to match the feeling with the visual.” A third user externalizes her feelings with the aid of a little puppet she calls a “worry eater.” She writes down upsetting things on strips of paper and feeds them to the puppet, which has a zipper for a mouth. Once the mouth is zipped closed, the worry can be let go. Even activities that

cause one to feel sad, such as listening to raindrops, can be cathartic if the sound of falling rain makes one shed much needed tears.

A potent way through which catharsis can be achieved is to *reach out to someone and share one's story* (“I need to get these words and feelings out somewhere”), which can be fraught with anxiety (“a really scary and brave thing to do”). From the perspective of veteran members, the discursive space of SF is one venue in which stories of suicide can be safely told and their emotive content empathically understood:

[K]eep talking to us let go of some of that pain here

[P]ersonally getting your story out and validated can do wonders in ways you might have never realized before; I once spoke to someone who was holding in his story for 9 years and letting it out made him feel so much better!

[K]eep letting it out here, it is good for you

The sharing of one's troubles is deemed a courageous act (“Posting what you've gone through took courage so please take that to heart”), a sincere attempt to “make a change” in one's life, which is no small feat.

In order to release the buildup of painful feelings, one must acknowledge in discourse that *those feelings are valid* in the first place: “You're a valid person with valid feelings and you shouldn't be ashamed of them”; “If they're your emotions then, no, they're not wrong.” If at first a member is unable to acknowledge the validity of his or her feelings, then other members step in to fulfill that mirroring function, as these comments illustrate.

SF members' discourse suggests that no one deserves to feel suicidal; instead, one “deserves to feel better.” However, *feelings operate according to their own timetable*, and one needs time to process them, which varies from person to person. In response to a

user seeking advice on “moving on” from a recent breakup, which has triggered feelings of suicidality, two users write: “You need to give yourself time to grieve the loss of this relationship properly”; “how long it should take you to essentially ‘get over’ this girl ... no one can give you an answer about that.” Elsewhere, two users urge another to take his/her time to sit with pain: “I think everyone dwells on pain when they are hurt very bad...does not make you a weak person hun”; “Don’t let anyone tell you how long your grieving process should be, that is entirely for you and your heart to desire. What takes one heart 50 days to heal will take another heart 2 years to heal.”

Dwelling on emotional pain does not mean martyrdom to pain, but *recognizing that pain is finite*: “pain will also pass and it will stop hurting”; “this hurt will fade and you will find enjoyment in life again, it just takes some time.” Once feelings of suicide are surmounted, one emerges stronger, more capable of weathering life’s adversities: “The pressure you are going through now is going to ground you so much more firmly for the future.” Again, this does not mean thoughts of suicide evaporate for good; once considered, suicide will always remain an option. But *overcoming a suicidal crisis once, gives one strength to overcome it again* should another dark moment descend.

Ultimately, recovery from suicidality involves *redefining what it means to live and to die*. Although the choice to die is discursively constructed as agentic by SF users, so too is the choice to live: “Unlike lower species which are completely determined by biological forces, we can choose, and therefore are moral agents, responsible for our actions and their consequences.” The path to recovery may therefore involve loosening the association between agency and death, and strengthening the association between agency and life. In doing so, the suicidal person’s right to self-determination is respected.

This premise is apparent in the following message to an actively suicidal member: “I don’t believe in telling anyone that they should or should not commit suicide. It’s not in my right to decide. What I do often say though is that in most cases, there is a way to make things better so that you feel glad to be alive.”

Members who have survived suicide attempts and feel fortunate to be alive reframe surviving as a “fresh start”: “Luckily your attempt failed, which you seem grateful for...it was a close call but it opened your eyes to what is important to you...You can use it as a blessing in disguise.” *Surviving a suicide attempt gives one a new lease on life.* Consequently, attempt survivors reframe *the choice to die as reversible, and suicide as irreversible*, as these two comments respectively illustrate: “The best thing about making decisions is that we can change our mind and make another one, we don’t have to stick to them”; “[O]nce you are dead, you will be dead forever. And forever is a very long time.”

At this point, the folk model for “treatment,” “healing,” and “recovery” that radiates from participants’ online discourse can be summarized as follows. Although it may seem like an uphill climb, suicide must be resisted at every turn. However, there is no single path to recovery, nor is there such a thing as a small or trivial action, provided that it keeps one alive, gives one pleasure and happiness, or at the very least, does not exacerbate one’s unhappiness. Because recovery is incremental, one must be patient and persevere until the cumulative impact of one’s actions are felt. Stress management is likewise piecemeal; if the stresses of life become too overwhelming, tackle them one at a time, starting with the most manageable. Any progress made should be commended, and every setback forgiven. One especially potent step to recovery is to release the buildup of



negative feelings, which are harmful to mind and body. This can be done in many ways, but reaching out and sharing one's story is prescribed. Negative feelings must not be denied, however. On the contrary, their validity and timetable, which varies from person to person, must be respected. Overcoming suicidality gives one a new lease on life.

### **The Salvific Power of Human Relationships**

Human action and emotion management do not exist in a vacuum, for they are always embedded in a web of relations. According to the discourse produced by SF members, if relational rupture can sever one's connection to life, then it stands to reason that meaningful ties to others can re-establish or sustain such a connection. But the discursive link between recovery and relationality is not so straightforward, for what constitutes a "meaningful" relationship is multi-layered.

Obviously, *if a toxic relationship causes one to feel suicidal* or aggravates one's suicidality, it stands to reason that *extrication from that relationship is crucial*: "If being around someone makes you want to die, the solution is take yourself far away from that person"; "its much better to end the relationship than end your life...Don't turn it [anger] in on yourself." But as mentioned in the previous chapter, terminating such a relationship is not always feasible, especially when practical considerations (e.g. legal or financial dependence) are involved. However, even if one's ties to toxic others are severed, healthy relationships still need to be cultivated or restored ("try surrounding yourself with positive people and people you feel emotionally close to").

For members of the SF community, *the quality of a relationship is discursively more important than its quantity*. A single relationship can mean the difference between standing at the river's edge and drowning in its waters—"a rock in my life to hold me

down.” Many SF members who are parents choose to stay alive for their child (“my daughter is one of my reasons for living”), but the other can just as well be a parent, sibling, partner or spouse, friend, or even a non-human companion.

According to participants’ discourse, *recovery from suicidality involves realizing the impact one’s suicide will have on others*, especially loved ones—to apprehend its “ripple effect of pain and suffering.” We see this in SF members’ attempts to dissuade other members from going through with the act: “I’m sure ya have family that would be devastated at ur loss”; “If you know that this would traumatize your family...then I think you have found significance”; “You cannot escape the consequences of your actions, so it’s wise to be certain you know what the consequences are before making irrevocable decisions.” In other words, one must realize that *the act of suicide is consequential for others, whose well-being matter just as much as one’s own*: “you and your feelings matter, but so do the feelings of others. You’re important but you’re no more important than anyone else.”

The deterrent function of such a realization is evident in the posts of members who have made an attempt or come close to making one:

Of course, there are many others who would suffer immensely because of this, most of all my family. My death would be totally traumatic to my parents, and my older brother and sister.

So now comes the guilt. The guilt that I had just given up and was going to cause this pain and hurt to my daughter and mother. The guilt of making my husband have to find me like that.

I’ve been having nightmares. I had one the other night where my daughter had died (eaten by a lion and I couldn’t save her).

In other words, *suicide causes irreparable damage to others*: “By committing suicide, you are not helping the world.” In killing oneself, the suicidal person would be causing

lasting trauma and immeasurable suffering to loved ones, including those who discover the body. For SF members who are also parents, ending one's life is tantamount to ending the life of one's child, which the third extract above evocatively captures.

Aside from realizing the ripple effect of one's own death on others, it is equally important to realize in discourse that *one needs the support of others to get better*: "I know now that I need help"; "I wish I had swallowed my pride years ago and talked with someone. Maybe I wouldn't have hit bottom"; "you don't need to carry your burdens alone." These others can take the form of mental health professionals, and many SF users can attest to having been helped by them:

I had my first session with an addictions specialist/psychologist today...He gave me a lot of insight, some hope and some tools...I have a great feeling about him.

[I]t can really help to have someone professional to talk to when you are feeling that life is getting you down.

DBT [dialectical behavior therapy] is a huge step forward.

Of course, as I mentioned before, not all members share the opinion that psychiatrists, psychologists, talk therapists, and the like are helpful (e.g. "It's okay to not believe in counselors"). This is especially the case when users believe the professional in question does not afford one's condition the level of seriousness it deserves (e.g. treating it as analogous to the common cold).

It would appear that *what's crucial to recovery* is not necessarily the professional competence of the other (although it certainly helps), but rather, *the other's compassion as a human being*. One's friends, family, and other informal support systems can be just as effective in getting oneself "to a better place." To see what exactly is deemed helpful

by SF members, one need not look further than the communicative norms they themselves exhibit online.

As I have noted, users exhibit a protective orientation towards one another: “I do care and try to assist as many people on here that I can.” They respectfully (and sometimes playfully) correct one another’s negative self-evaluations. In response to the self-deprecating statement, “I feel like a sad, fat unicorn,” one user writes: “At least fat unicorns are cute!” Elsewhere, a user reassures another that “you are no bother or burden to anyone here.” SF users also provide each other affirmation: “I think you communicate beautifully. May you find lighter moments each day”; “your kind words make me feel less alone.” Taken together, *the compassionate other is someone who exhibits care, provides reassurance, and bolsters one’s self-esteem* (“a friend helped boost my confidence”), all of which reduce feelings of aloneness.

Members’ view of how relationships ought to be is also apparent in the way they invoke “community” and “family” in discourse—two very powerful discursive hubs within the context of SF:

Please do not try to do this by yourself, you have a community of people that like you and care for you, you are safe here.

You’re in a community of people that feel the same way, you belong here, in this group. Please stay with SF and let our community help you. We care for you.

We are one big family here, we support each other and help each other through our darkest times.

For SF users, “community” and “family” are built upon the foundations of “care,” “safety” and “support.” They consist of *members who can sympathize as well as empathize*, who can understand how one feels because they too have experienced the nadir of human feeling. The use of the more intimate term “family” is very telling here,

suggesting that *“family” transcends blood relations* and that *the sharing of painful life circumstances can be equally binding*. This does not mean a homogeneity of experiences; as Willson (2006) points out, it is not sameness but the reconciliation of differences that matters to cyber communities, and SF members are well aware that “we all have our own unique stories of our battle.”

Although getting one’s story out in words is important, *having someone who “listens” and “hears” one’s stories is equally crucial*. It is partly for this reason that users claim to seek out mental health professionals—not to prescribe them medication (although that is sometimes sought), but to listen to their tales of woe and suffering. Given the highly emotional (and at times traumatic) content of SF users’ narratives, *disclosure to another can be very difficult*:

The main issue would be bringing it up in the first place, how to actually bring it up and how to get the courage to actually say it...I have a lot of trouble telling him [therapist] because it is just so personal.

I’m expecting the go-to suggestion which is to talk [with] my therapist [about] it. The thing is, I could barely type this out to you guys. I don’t think I could bring myself to tell him.

However, *the discursive space of SF can serve as a preliminary sphere for the articulation of one’s stories*: “If you don’t feel strong enough yet to speak to someone in the real world, there’s always us here.” Of course, despite the veil of anonymity afforded by computer mediated communication, “it can be hard to share even anonymously.”

The communicative act of *“listening” is more complex than merely paying attention to another’s utterance*. In SuicideForum, *listening is a communal act* (“we can listen”) that presupposes willingness to lend an ear (so to speak), even if one is unable to offer direct help. As mentioned in Chapter 4, it is customary for users to leave messages

even if they don't have anything to "say," just to indicate to the topic creator (TC) that his/her words have been "heard" and "felt." *Listening requires a sincere effort at understanding* the circumstances that led to the person's predicament: "I know how important it is to have someone who understands what happened to you." This means suspending judgment ("No questions, no guilt, no disapproval") and being "supportive no matter how bad [the other] is feeling." It also means *attunement to the feelings encoded in words*: "Your pain comes through in your words. I hear you."

*Listening involves being beside the person sharing his or her story* ("I'll be by your side, whenever you need"). However, participants' discourse suggests that genuine human connections are not contingent upon physical co-presence and spatial proximity, but on *relational* proximity. Wrote one user: "I found people who are willing to metaphorically sit next to you, and talk about your problems with genuine compassion." This comment suggests a definition of embodiment that is more closely aligned with that of Farman (2012), for whom our sense of proprioception extends our bodies out into relational space, so that despite technological mediation we are both "here" and "there" with the other simultaneously. It also corroborates Rosenau's (cited in Hines, 2009) view that "distance and proximity can only usefully be assessed on experiential grounds rather than as geographic concepts" (p. 8).

*Listening and being heard can be transformative for all parties involved* ("we can learn together"). In sharing one's story, and in having one's story heard by people who listen, the path to recovery becomes far less lonesome, for the weary traveler ceases to be alone in his or her journey: "together we will get you through safely and soundly"; "Thanks for sharing your story with us so we can walk through this journey together!"

Perhaps there is no greater affirmation that one's story has been heard than the listener's expression of gratitude, for it communicates to the TC that one's story is a treasured gift, especially when it helps lift another person's spirits.

Many users jokingly claim that "we're the best free shrinks in town," which is not to say that they claim to be better substitutes for therapists. In fact, they are quick to acknowledge the limitations of their advice ("We can tell you our own experiences but that may not be representative of you"), and treat the help they offer as a *supplement* to offline systems of support (formal or informal), rather than as a substitute ("It might help a lot to have a support system in place"). Thus, *although recovery is discursively constructed as a joint effort by SF users, recovery is ultimately the responsibility of the individual*. Members assist others by helping them help *themselves*: "Let us help you, help yourself." *There is a limit to the assistance others can provide* ("My best friend is my rock but only so much she can do"); the rest is up to the individual, who must learn "to be ok on [their] own." *Too much dependence on others is a disservice to one's mental health*: "When your life depends on being in a healthy relationship with someone, it's impossible for it to be healthy."

One can say that *the role of the other is to serve as an anchor*. When making steps toward recovery, one must find this anchor: "Someone to talk to and support you through those first terrifying steps of asking for help." This human anchor *makes one accountable for one's actions*: "it can be helpful to find someone we trust to hold us accountable to the changes we are trying to make"; "when there is someone else to hold us accountable for making and going to that doctor's appointment, we will care if we let that other person down and hence we're more likely to start doing the things we've been putting

off.” *Over time, one depends less on the other and more on their own capabilities:* “Eventually, we’ll rely less and less on the other person and start to hold *ourselves* accountable for the changes we are working towards.”

Again, participants value reciprocity highly. *What one receives from any relationship must be commensurate with what one invests:* “Make sure you’re getting as much out of the relationship as she is, and if not, maybe time to question if it’s worth being in it, you are worth someone who appreciated you for you.” Conversely, *one cannot be on the receiving end only; one must also give.* Imagining himself as a traveling herbalist, a profession that “sadly doesn’t exist anymore in this modern world,” a member fantasizes about “helping people and families where I can [...] not owning any more [than] you can carry, meeting new people and helping them with things they need help with. Seems like a great existence.” According to Orgad (2012), imagination is not mere escapism, but a moral force providing knowledge of what is right and what is wrong, factual and normative, existing as well as possible frames, all of which can be the basis for meaningful action. Within the discursive space of SF, such flights of the imagination can be read as prescriptions for more hopeful (and socially responsible) ways of relating to others.

From members’ discursive point-of-view, suicidality *can* be a gift in that it can serve as a bridge to empathy: “maybe you are getting a grounding in crappy-ness so you can help others come through the same crap.” *Being able to weather adversity enables one to help others navigate similar adversities;* for SF users, this is an assumed responsibility. Recall that SF users would not wish suicidality upon anyone. As a corollary, they are compelled to take actions, no matter how small, to *keep others from*



*experiencing what they have experienced* or continue to experience: “[E]ven though my eyes are dyed red with emotions, I will still smile for others. It could be the only sunshine they see.” But reciprocal acts are circular; *in helping others, one ultimately helps oneself*: “Im gonna keep doing things for people make them smile but this time wont expect anything in return. Im doing it more for me than them. Cuz when i make someone smile it makes me smile. And that’s the only [thing] that can make me smile atm [at the moment]. So ima keep doin that.”

The discursive link between recovery and relationality can be summarized as follows. One’s connection to life is contingent upon forsaking toxic relationships and cultivating meaningful ties to others. However, the quality of a relationship is more important than its quantity; what matters is that these compassionate others, who serve as anchors that ground one to life, are able to sympathize, empathize, and “listen” to one’s stories. “Listening” is a highly complex communicative act that involves more than just paying attention to another’s utterance. It is a communal act, transformative for all parties involved, that requires relational proximity and attunement to the painful feelings encoded in words. When one’s stories are “heard,” one feels less alone in this journey called life. But the suicidal person cannot be on the receiving end only. S/he must also help others help themselves, which in turn helps oneself, for reciprocity is circular. Though the support of others is crucial, the suicidal individual is ultimately responsible for his/her own recovery.

### **A Discourse for Ideal and Emergent Selves**

In response to a user’s complaint that s/he does not meet objective standards of normalcy (“[n]ormal is the opposite of me...everything I am not”), one user, quoting the

great scientist Neils Bohr, writes: “[H]ow problematical such concepts as ‘objective’ and ‘subjective’ are.” To this another user adds: “Maybe *you* should define what normal is and give you a better idea of what you want to be.” From this quick snapshot, it becomes apparent once more that participants respectfully correct one another’s self-defeating evaluations, without discrediting the underlying feelings. Upon closer inspection, such correctives also tap into the ideal self that SF users construct in discourse— notions of self that challenge *objective* standards of what it means to be a human being.

The ideal self that is discursively constructed by SF users is *greater than his/her biological makeup*. Beyond the fulfillment of bodily cravings and needs, this person also takes into consideration matters of the heart, so to speak: “I learned that life is so much more than physical wants and needs and desires. My heart was broken and needed healing too.” Furthermore, *this person has a sense of purpose, which allows him/her to live life meaningfully*: “You have a purpose in life and you are here for a reason.” The notion that life and death are not merely biological phenomena, but existential ones, is apparent in one member’s reluctance about taking medication: “[M]eds may take away being suicidal but will still leave me with an empty existence, I would go through life just existing with no purpose. I don’t want that.” Psychotropic medication may or may not ameliorate suicidality, but it will certainly not give one purpose. It may keep one from falling off the proverbial cliff, but in order to pull oneself up onto the ledge, a sense of purpose is required.

To resist suicide at every turn requires “willpower,” but without purpose, willpower is limited: “Sure, willpower will get us so far, but everyone runs out of willpower at one point or another. What truly spurs us on in the moments that our

willpower is lacking, is having a deeper meaning and purpose to our lives.” *A sense of purpose can come from many different sources*, including (but not limited to) one’s passions and aspirations for the future: “[W]hat is it that you care about, what do you live to do, what are your passions, what would truly make you happy in this world, what do you want to achieve in this lifetime?” *One can also derive purpose from one’s suffering*, which is a natural part of existence. This does not mean seeking out suffering to imbue one’s life with meaning; in the words of one user, “that would be false martyrdom.”

*A person with a purpose has a future s/he looks forward to.* Phrased another way, purpose can be located in the future. The suicidal person cannot envision a future for him or herself (“no future prospects”), or sees only greater misfortune in the horizon (“I just have a life of failure ahead of me”). Within the context of SF, such negative evaluations are respectfully corrected by other users by locating purpose in a future that has yet to materialize: “You’ve got so much left in life to accomplish”; “You don’t realize what great things await you.” Such comments resonate with Hecht’s (2013) argument that the suicidal person owes it to his or her future self to continue living. To end one’s life is to tragically deny one’s future self the myriad opportunities for happiness and self-fulfillment that await.

SF users agree in discourse that *in order to lead better lives, they need to change as persons*. The desire for *metamorphosis into a “free” person* is palpable in users’ messages to one another. This yearning is expressed by one user’s identification with a butterfly (their avatar of choice), which symbolizes “that I am in a bad place but trying to stay strong through these bad times and that I am hoping that things change just like the butterfly did from the caterpillar.” A similar metaphor is enlisted in another post, with the

user identifying with “a bird soaring to symbolize flying away from bad things which I want to do but don’t know if strong enough yet.” In both examples, old and new selves are differentiated spatially. The old self is earthbound and trapped, whereas the new and idealized self is free to roam the skies.

For change to happen, *one must recognize the wellspring of strength within.*

According to one user, deep inside every person resides “a greater strength...that none of us really know that we have until we are forced to use it.” It is easier to intuit this strength when it is exhibited by others, as in the case of a user who wishes to be like a lion: “bold, strong, proud, qualities i wish i possessed, while still being caring for members of their pride.” But recognition of strength in oneself is vital for transformation to occur. For members of the SF community, perhaps the best *proof of one’s strength lies in enduring, and surviving, suicidality.* In response to a user who feels like a “punching bag,” the passive recipient of life’s relentless onslaughts, another user responds: “just thinking punching bags are designed to withstand even what the best fighters can throw at them, and when they are beat the punching bag is still intact.” In short, to endure adversity with one’s life intact is to exhibit resilience, which is evidence that one is strong.

In the previous chapter, I mentioned that SF users discursively conceive of the suicidal self as a bifurcated or fragmented self. However, recovery is not contingent upon the disavowal of negative aspects of the self, or the “naïve” reconstitution of splintered parts into a seamless whole. Rather, *it is the reconciliation of contradictory parts—not in perfect harmony, but in bearable tension—from which the possibility of self-transformation and recovery may spring.* In this regard, the myth of Persephone is particularly resonant. According to Philipsen (1987), when invoked in discourse, myths

not only bind together the imagination of community members, they also provide prescriptions for meaningful thought and action (Philipsen, 1987).

Persephone is the Greek goddess of the seasons who, upon eating six pomegranate seeds in the Underworld, is forced to spend six months of every year with Hades, after which she returns to the heavens and mortal realm. Persephone's ascent from the Underworld marks the arrival of spring and then summer, and upon her inevitable descent, fall and winter follow. Observe what one user, who has chosen to base their avatar and handle on Persephone, has to say:

My avatar is Persephone (or Proserpina), by Rossetti. Persephone is my primary online name. She is the goddess of both Spring and the Underworld in Greek mythology. I view her as symbolizing the cycle of life and death, change and transformation. She also symbolizes being able to travel between worlds, between different states of consciousness, and between the normal world of the living and world of magic and mystery.

In the extract, we can see the invocation of agonistic terms: "Spring" and "Underworld," "life" and "death," "normal" and "magic and mystery." The mythic figure of Persephone encompasses these agons, however, suggesting the transformative potential of navigating the manifold contradictions of the self. When one braves into the Underworld of one's soul, one emerges transformed. Such is the descent into and rise from the depths of suicidality.

*The ideal person changes for the better, not for the worse. S/he remains a good person in spite (or perhaps because) of adversity, "a good person to the core, even when faced by dark times."* In discourse, the transformed person is also more "carefree"—"without a care for what others think of them," and "not giving a single damn at all about anything." Of course, *being "carefree" does not mean forsaking all responsibilities*, for SF users believe that they have a social obligation to try and "make other people happy,"

or at least not contribute to others' unhappiness. As examples throughout this chapter have shown, their prosocial orientation is apparent in the support they endeavor to provide others, within and beyond the discursive space of the site. Being "carefree" is also not synonymous with the pursuit and attainment of unadulterated happiness. From SF users' discursive point-of-view, *true happiness is pure fantasy*; "the best one can hope for is to be mostly happy."

*The emancipated self is embedded in a web of meaningful relations.* As mentioned, the first-person plural "we" is a very powerful discursive hub of personhood, and its prolific use by SF members (e.g. "You're not suffering in silence anymore, man. We've got you"), even when referring to one's own personal views or feelings ("We care for you"; "We like you"), suggests a strong sense of affiliation that emerges as a result of participation in the site. The discursive move away from singularity towards relationality is accompanied by recognition that *suicidal individuals do not have a monopoly on suffering*: "Everyone suffers in life. That's not to say that life is bad for everyone, but rather everyone has some time of hardship." But despite this relational orientation, members acknowledge that *one should tend to one's needs first*: "you have to put yourself first here"; "What would make you happy? Not anyone else, but you?"; "Don't worry about anyone else but you"; "I decided to live life for my own happiness."

Ultimately, SF users discursively envision a self that possesses agency and self-determination. In one particular thread, the topic creator (TC) writes about feeling coerced by his father to join the military and turns to other SF users for advice. The responses are rather telling, to say the least.

You're the only one who has a right to decide though, since you are the only one who has to live your life.

Fact is, you don't have to do anything you don't want to in this world.

I think you have every right to live as you please. Sometimes it takes a bit of time to create this life, so patience is important, but once you are independent you have the rest of your life to live however you like.

In short, we are the masters of our own fates, and accordingly, should be free from imposition. *One's life is one's own to live.* This cultural proposition has fascinating parallels to the proposition that *suicide is enacted by the self, for the self.* Just as death is one's own, so too is life.

### **Cultural Premises Revisited**

I began this chapter by addressing SF users' discourse as it constructs notions of a safe and ideal place. This place serves as a refuge from life's myriad stresses and as a way station where the process of opening up about suicidality can safely begin. It is governed by the norm of reciprocity and is filled with empathetic others who "listen" and mirror one's experiences. I then talked about the myriad pathways to recovery that are discursively constructed by forum participants. In discourse, the power of words to exorcise painful feelings, and the cumulative impact of small but non-trivial actions, are key. Next, I examined in more depth the discursive meanings of "listening," the emancipatory power of sustaining relationships, and the sense of responsibility to others one must adopt. Finally, I talked about the ideal selves discursively created by members. This model person possesses agency, purpose, inner strength and fortitude, and discovers meaning in suffering. S/he continuously strives to be a better (and freer) person and recognizes that one's life, and that of others, have intrinsic value.

Below, I re-present the cultural premises, or abstract formulations of taken-for-granted *cultural* knowledge and beliefs, that are active in forum participants' discourse—

again, categorized by radiant and organized in list form. It goes without saying that radiants of meaning are often criss-crossing. For instance, the communicative act of “listening” invokes the radiants of *acting*, *feeling*, and *relating* simultaneously. Thus, there are inevitably going to be repetitions, but the premises are formulated as such that the radiant in question is centered.

**Dwelling:**

1. A “safe” place provides respite from crises and can mean the difference between life and death. This place can be virtual, but the relations forged there can continue offline.
2. The doors to a safe place never close, and it does not impose limits on the frequency or duration of one’s visits. One can come and go freely, without feeling shut in or locked out.
3. Because this place is inhabited by others who “listen,” one can share stories and air thoughts and feelings, without fear of judgment or reprisal. Such a place makes one feel part of a “community.”
4. In this place, one’s personal timetable for healing and recovery is respected.
5. Just as important as finding a safe place is the emotional journey to that place. When feelings change, so too does one’s relationship to place.

**Acting:**

1. Recovery from suicide is incremental. Every action, no matter how small, can stand between life and death, for the actions one takes are cumulatively impactful.
2. When faced with herculean tasks, start with activities that are simple. Any progress made should be commended and every setback forgiven.
3. Engage in activities that give one pleasure and happiness. Refrain from activities that don’t contribute to one’s happiness. Throughout, stay focused on the present.
4. One must tend to the needs of both mind and body. This includes partaking in activities that release negative feelings, such as sharing one’s story (online or offline), which can be a scary yet courageous thing to do.
5. “Listen” to others’ stories. This means being beside the other person and attunement to the feelings encoded in words. Because “listening” is a communal act, it is transformative for everyone involved.
6. To recover from suicide is to redefine what it means to live and to die. Suicide is irreversible, but the choice to die can always be reversed.
7. Suicide must be resisted at all times, and this requires courage and perseverance. When one overcomes suicide, one becomes even stronger. To survive a suicide attempt is to gain a new lease on life.

**Feeling:**

1. Negative feelings accumulate and are toxic to mind and body. They must be released, through actions as well as words. But because words can carry raw



- emotions, personal disclosure can be difficult.
2. Feelings should be allowed to run their natural course and follow their own timetable, which varies from person to person. Emotional expression should be free and unencumbered and the validity of feelings respected.
  3. Emotional pain has an end, even when it seems otherwise. True happiness, however, is pure fantasy. The best one can hope for is to be mostly happy, and that is okay.

**Relating:**

1. Relationships that are toxic must be forsaken. Relationships that are meaningful must be cultivated. One needs the support of others to get better, but more important than quantity is *quality*.
2. Support can be formal and/or informal. Spatial proximity and physical co-presence are not necessary to offer and receive genuine support.
3. Family and community are not contingent upon blood relations. Shared experiences can be more binding than biological ties.
4. The supportive other provides reassurance, exhibits care, and holds one accountable for one's actions. S/he is willing to suspend judgment and "listen" to one's story. When heard, both speaker and listener(s) are transformed.
5. There is a limit to what others can do for you. Recovery is a joint effort, but responsibility ultimately lies in the hands of the individual. Depending on others too much is a disservice to one's recovery.
6. Relationships should be reciprocal; both parties must give and receive. But reciprocity is also circular; in helping others, one is also helping oneself.
7. The loss of one life has repercussions for other lives. Suicide has relational consequences, causing irreparable damage to others. The suicidal person needs to know that the well-being of others is just as important as one's own.

**Being:**

1. Every life, including one's own, has value. No one deserves to feel suicidal, and everyone deserves a chance to feel good about themselves.
2. People are more than their biological makeup. They must tend to both body and mind, and deal with emotional pain in their own way, in their own time.
3. One's life is one's own to live. Each of us is accountable for our own actions. Before tending to others, we must tend to our own needs first.
4. In the struggle against suicide, willpower alone is not enough. One must also have purpose, which allows one to have a future. A person who overcomes suicide has strength and is capable of overcoming any adversity.
5. Suicidal persons do not have a monopoly on suffering; everyone experiences hardships. Though each person's struggle in life is unique, we are all connected by our shared humanity.
6. In spite of hardships, one must remain good and strive to change for the better. One could be a little more carefree, without forsaking responsibility to others, and learn to navigate the contradictory facets of one's self.

## CHAPTER 7

### IMPLICATIONS FOR CLINICAL AND THERAPEUTIC PRACTICE<sup>7</sup>

The discourses of SF members also presume for its formulation an ideal or model person. This model person has a self that is whole, is unencumbered by negative affect, and has agency over the trajectory of his or her own life. S/he is enmeshed in meaningful relationships that provide emotional sustenance and is firmly planted in the world (and body) that s/he inhabits. When faced with crises, this person has a “safe” place where s/he can find respite, a place filled with empathetic others who “listen.” The model person constructed in SF discourse also understands the value of reciprocity, that s/he has a responsibility to contribute to others’ well-being.

In line with Burke’s (1963-1964) proposition that human beings are goaded by the spirit of hierarchy and “‘rotten’ with perfection” (p. 509), every speech community (including SF) subscribes to an ideal of what it means to be a human being. This symbolic ghost, which Burke derives from the Aristotelian concept of *entelechy* (p. 507), haunts individuals when they fail to realize such an ideal.

If a goal of mental health treatment is to help patients, clients, and survivors to actualize the model person they aspire to be, then the findings of this dissertation are not without implications for clinical and therapeutic practice. SF members’ grounded discourses allow us to envision modest ways in which suicidal persons’ own terms and meanings can complement, augment, or remediate existing treatment regimens. But first, some words of caution on the role and perils of critique in the ethnography of communication are in order.

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<sup>7</sup> Brief excerpts of this chapter also appear in draft form in Flanigan and Alvarez (2019).

## Revisiting the Critical Mode of CuDA

According to Philipsen (1989/1990), the task of the ethnographer is to understand and appreciate the discursive practices of the people they study. It is not for the ethnographer to judge but to interpret, to suspend judgment until the ethnographic work is finished, for judging too soon could limit the insights one attains. Huspek (1989/1990) concurs, in that the ethnographer should avoid the grievous error of imposing their criteria of truth and rationality and “foisting upon members of a culture foreign principles to live by” (p. 309). However, this does not mean there is no room for critique, for the critical mode is after all one of the five investigative modes of cultural discourse analysis (Carbaugh, 2007).

In the critical mode, a practice is evaluated (judged from good to bad) from an ethical juncture or standpoint; it may ask who is being privileged by a communicative practice, and who is being disadvantaged by it. Because the task of CuDA is to theorize, describe, and interpret such practices, critique is not essential, but neither is it excluded. As Carbaugh has stated (1989/1990), it does not mean systems of inequality must go unchallenged, only that they must not be assumed *a priori*. In fact, ethnography can be critical even when the intention is not to be so. By creating a “discourse of distance” (p. 276), the ethnographer might call attention to aspects of cultural life others might want to keep hidden, and in doing so, “help correct misimpressions and oppressions by the ‘other’” (ibid.).

My research on SuicideForum.com began with the modest goals of description and interpretation. Throughout, I endeavored to listen to cultural voices “from the standpoint of those who create them” (Carbaugh, 1989/1990, p. 279), to discover the

world of this particular speech community “in their own terms and tensions” (p. 278). Over the course of tracking discursive hubs of interest, however, I arrived not only at corresponding radiants of meaning, but at an indirect mode of criticism grounded in participants’ own terms. As such, the natural and cultural criticisms (Carbaugh, 1989/1990) offered here stem not from the ethnographer, but from the interlocutors (the *locus* of criticism) themselves. These are especially important to consider since several SF members have expressed dissatisfaction with the mental health system, and because the clinical portrait of suicidal persons does not always align with forum participants’ grounded experiences.

### **In Defense of Computer-Mediated Communication**

One set of criticisms relates to assumptions about suicidal persons and their online activities that are embedded in both scholarly and popular texts.<sup>8</sup> There is some concern that suicide websites exacerbate suicidal feelings, or worse, plant the thought of suicide in the minds of emotionally susceptible persons. The idea is that when individuals with similar experiences and life views congregate online, those perspectives deepen and undergo homogenization, forming what Baym (2010) calls monadic clusters. Consequently, participation may foster too much dependency on other users and defer the possibility of help-seeking. Implicit in this assumption is the following set of ideas: that computer-mediated communication is a poor substitute for face-to-face interaction; that the internet is monolithic and its effects singular; and that only specialists have the capacity or authority to improve the lives of suicidal persons.

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<sup>8</sup> See for example the short film *alt.suicideholiday.net* (dir. David Verbeek, 2005), and the feature-length films *Chatroom* (dir. Hideo Nakata, 2010), *@SuicideRoom* (dir. Jan Komasa, 2011), and *DISconnected* (dir. Leslie Libman, 2011). These examples re-mediate long-standing concerns about suicide contagion—by foregrounding digital media’s potential to foster extreme views, extend the temporal and spatial reach of malicious behavior, and disseminate methods for the enactment of suicide and self-harm.

It would be naïve to deny the existence of suicide websites with triggering content, which the examples provided by Westerlund (2011, 2013) can attest to. However, it is equally naïve and premature to assume that all websites that discuss suicide are harmful, for doing so discredits the social meanings that emerge in these discursive spaces. As the online activities of SF users suggest, there are potential benefits to participating in a site that abides by a “do no harm, promote no harm” principle, and whose users exhibit a protective orientation toward one another. In fact, concerns about within-group purification are allayed by users’ recognition that each person has a “unique” story to tell, and by their sincere attempts to exhibit prosocial behavior toward individuals *outside* the SF community. Furthermore, instead of discouraging outside help, users are actually quick to acknowledge the limitations of their advice and treat the support that they offer as supplemental rather than primary. Perhaps what is problematic for mental health professionals is that the formal support they routinely provide is seen as only one of many possibilities by users of such sites, casting some doubt on their helpfulness and relevance.

The componential analysis of SF’s discursive architecture suggests criteria for evaluating the therapeutic efficacy of suicide websites (and by extension, online mental health communities writ large). These criteria can be formulated in the form of questions. For example, one could ask: Are there rules that prohibit harmful conduct, and what sanctions are in place for violating such rules? Does the site provide external resources, such as numbers for crisis hotlines in the member’s general vicinity? How fluid or rigid is the website’s architecture? Is it constantly updated to accommodate members’ changing needs? Are the technical features on offer (e.g. “Block,” “Ignore,” and “Report”

functions) designed in such a way that protects the feelings of all users involved? Do they allow users to follow and offer timely support to members in crisis? How diverse is the user base in terms of clinical and socio-demographic profile? These are just a few questions one could ask, the point being that suicide websites should be evaluated on a range of criteria, not dismissed as either helpful or unhelpful.

### **The Mental Health Industry and its Actors**

The rest of the natural and academic criticisms I offer pertain to the encounter between suicidal persons, on one hand, and the social institutions and actors entrusted with their care, on the other.

First, professionals must bear in mind that the path to recovery, which assumes many guises, is long and arduous, requiring patience and perseverance. This premise is at odds with the model of expediency on which current treatment modalities, such as psycho-pharmacology and cognitive-behavior therapy (CBT), are based (Breggin, 2009). Such a model, whose avowed purpose is rapid symptom elimination, is not flexible enough to accommodate the cultural premise that suicide, once considered, remains lodged in the minds of suicidal persons. Longer-term care may be necessary.

However, it is difficult to implement longer-term care when health insurance providers privilege certain forms of treatment over others, particularly those that are deemed efficient (Reznek, 2016). It is also difficult in light of disturbing trends in contemporary (American) psychiatry to lower the number of symptoms required for the diagnosis of a mental illness, resulting in inflated prevalence estimates and outlandish prescribing practices (Horwitz & Wakefield, 2012; Whitaker, 2010). Although many SF users can attest to having been helped by expedient treatment forms, many others have

expressed preference for depth therapy and complementary and alternative medicine (CAM), which take time and are largely uninsured. Thus, at the structural level, there is a need to diversify insurable treatment options and accommodate longer-term ones.

Second, biomedical models of mental illness and suicide, which locate the fault within the individual, need to be tempered with relational frameworks. Toward this end, practitioners must recognize that the therapeutic encounter is a *relational* encounter, one that requires active “listening” rather than impersonal processing. SF users’ discourses illustrate that “listening” and being “heard” are crucial to recovery; thus, clinicians need to cultivate this communicative art. Again, this may be difficult given the clinical imperative to swiftly and correctly identify symptoms so that an accurate diagnosis can be made. With psychiatric consultations lasting as little as ten minutes (Breggin, 2009), the emotive content of words are sometimes lost or overlooked.

Should clinicians listen to patients’ stories for their beats and rhythms, their deep *meanings*—as opposed to listening for symptoms the way a physician listens for heart murmurs—the lifeworlds of suicidal persons become humanly and discursively intelligible.<sup>9</sup> For example, realizing that a suicidal patient may be agonizing over a fractured sense of self, will allow the clinician to incorporate strategies for the management of spoiled identity. Similarly, the clinician who “listens” to a patient’s retreat into symbolic spaces will find more hopeful ways of inhabiting the world, not mere escapism or failure in reality-testing. In that vein, bouts of depression without an apparent cause or precipitant, when probed deeply, may actually have roots in the distant

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<sup>9</sup> Organized psychiatry’s appropriation of “phenomenology” is interesting in this regard. Philosophically, the term refers to the study of the first-person perspective, the subjective content of sensory experience and perception; psychiatrically, it refers to contextual variation in the manifestation of illness symptoms (Stolorow & Atwood, 2019). With respect to the treatment of suicidal persons, perhaps a return to, or at least an acknowledgment of, the philosophical roots of “phenomenology” is warranted.

past, which Atwood (2012) corroborates when he states that endogenous depression might actually be depression stripped of its original human context.

For inspiration, professionals can look to the resurgence of patient-led peer support groups, such as those described by Hornstein (2009). Examples include Hearing Voices and Alternatives to Suicide, which respect the experiential knowledge and inner wisdom of the so-called mentally ill.

Third, it is important for clinicians to respect the individual's timetable for recovery, without pronouncing judgment when it "fails" to meet objective standards of normalcy. Although most SF users do not criticize the psychiatric establishment outright,<sup>10</sup> their recommendation of taking one's time to sit with pain is counterdiscursive; it goes against the efficiency enshrined in multiple iterations of *The Diagnostic and Statistical Manual of Mental Disorders* (APA, 2000, 2013), organized psychiatry's diagnostic bible. For instance, to meet the criteria for major depressive disorder, a person must present with at least five of the eight symptoms listed for as little as two weeks. In other words, it is "abnormal" to experience a depressive episode that lasts two weeks or longer, irrespective of context or precipitant; one must quickly get over one's loss.

An impatient therapist who adopts such a mindset is a great disservice to suicidal persons, who may need to let their emotions run their natural course. Recall that suicidality encompasses not only depressive symptomatology, but the complex expression of other affective states, such as anger and fear. Recall also that the path to suicide consists of five sequential acts that vary from individual to individual. It takes time to target multiple affective states simultaneously, and it takes time when there are

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<sup>10</sup> As mentioned, many do in fact espouse a biomedical model of mental illness.



five critical junctures in a suicidal person's life in which to meaningfully intervene. The expedient professional is a terrible fit for the suicidal individual.

The patient therapist, on the other hand, is willing to stick it out. S/he will see the five-act sequence of suicide as an *opportunity*, presenting a wider time frame for meaningful action. S/he will commend the actions the suicidal person has taken to remain alive—a sharp contrast to organized psychiatry's emphasis on deficits, on deviations from established (and often unrealistic) thresholds of normalcy. Instead of treating the suicidal person as defective, s/he will recognize their resilience and respect their right to self-determination.

Fourth, given the prosocial orientation exhibited by SF users in discourse, clinicians need to emphasize to their suicidal clients the social and communal good of staying alive. A similar argument has been made by Hecht (2014), who points out that in *choosing* to live, the suicidal person benefits his or her immediate community in some way, however small or imperceptible. To this I would add that the suicidal person benefits as well. Recall that for SF users, reciprocal acts are circular; in helping others, one is also helping oneself. As trite as it may sound, small acts of kindness really do go a long way in lifting another's spirit, as well as one's own. In recognizing that suicidal persons are still capable of having a positive impact on the lives around them, their agency is also respected.

On the subject of agency, Hecht (2014) calls attention to recent attempts by mental health professionals to police usage of the phrase "commit suicide." By replacing "commit," which has criminal undertones, with "complete," it is hoped that suicide will be decriminalized and the stigma attached to it lessened. However, the word "commit"

remains deeply meaningful to SF users, who invoke it frequently in online discourse, for it captures the volitional nature and gravity of the act. Recognizing the agency of suicidal persons does not mean approving the choice to end a life; rather, it means enlisting suicidal individuals as *active* participants in their own recovery, rather than passive recipients of intervention and care. In other words, suicidal persons' claims to agency over the termination of their life, rather than contradicted, should be channeled towards the *resumption* of life.

Fifth, there may be a need to redefine what it means to be a mental health professional. The articulation of "professionalism" with neutrality and cold objectivity can be highly problematic when the person in treatment is seeking genuine human connection. A loosening of this articulation could make a difference in the lives of suicidal persons and other individuals with equally discreditable stigmas. At the level of the therapeutic encounter, professionals can exhibit greater flexibility and openness instead of rigid adherence to their school of thought, whatever that may be. Attempts to find a common human ground with one's patient need not undermine one's professional identity, nor blur the boundaries between patient and care provider. Tempering "professionalism" can lead to stronger therapeutic alliances and to overcoming therapeutic impasses should they arise.

Sixth, in order to chip away at the stigma of suicide, sharing stories of one's struggles with suicidality, which is championed by SF users, must be encouraged rather than silenced. Doing so is counterdiscursive in at least two ways. First, it challenges the popular stereotype that talking to someone about their thoughts and feelings of suicide will encourage that person to go through with the act (see Joiner, 2011). Second, it

challenges normative gender expectations that men ought to keep their feelings to themselves. As MocarSKI and Butler (2015) point out, in Western cultures men are socialized into valuing independence and limiting displays of emotions that make them appear vulnerable, such as sadness and fear. Consequently, men are less likely to seek treatment for various mental health conditions and twice more likely than women to die by their own hands. Because courage and bravery are highly valued masculine traits, reframing the sharing of stories and feelings as “courageous” or “brave” could facilitate help-seeking among suicidal men.

Lastly, recovery does not end with the administration of treatment and subsequent amelioration of symptoms. Vocational and rehabilitative efforts cannot afford to ignore the existential dimensions of suicidality—particularly, the salvific role of meaning and purpose. It is not enough for suicidal thoughts and feelings to be attenuated; they must also be replaced with a “zest for life,” to borrow the words of one user. Although the recommendations I have outlined here are targeted towards mental health professionals and health care providers, they are equally relevant to the family and friends of suicidal persons, and of course, to suicidal individuals themselves.

### **Summary**

I began this brief chapter by formulating a model or ideal person presumed by SF users’ discourse and arguing for its relevance to contemporary mental health practices. I then revisited CuDA’s fifth investigative mode, the critical mode, and the role of critique in the ethnography of communication enterprise. This is followed by two sets of critiques—natural and academic criticisms based on participants’ own terms and meanings.

The first set of critiques pertains to the role of computer mediated communication in the lives of suicidal persons. While I acknowledge the existence of websites with triggering content, I challenge blanket statements that suicide-related websites are uniformly harmful. Based on my componential analysis of SuicideForum's discursive architecture, I posit a tentative set of criteria (formulated as questions) for assessing a suicide website's therapeutic efficacy.

The second set of critiques, based on SF users' folk model for treatment, targets dominant treatment models and the institutions and actors entrusted with the care of suicidal persons. Modest suggestions include recognition that the path to recovery is long and arduous; tempering biomedical models with relational frameworks; respecting the individual's timetable for recovery, even if it's at odds with established thresholds; and emphasizing the social and communal good of staying alive. Suggestions also include loosening the discursive link between "professionalism" and objectivity/neutrality; celebrating stories of surviving suicide; and advocating for a holistic course of treatment that does not end with symptom amelioration.

CHAPTER 8  
SUMMARY OF FINDINGS, RESEARCH CONTRIBUTIONS,  
AND DIRECTIONS FOR FUTURE STUDY

This dissertation sought to understand how suicidal individuals use web platforms and exploit the unique characteristics of the internet to discursively co-create meaning, and in the process, (re)define their identities, social relationships, and place in the world, as well as regulate conduct and emotions. As this research discovered, SuicideForum is a complex discursive place, with a particular discursive architecture that includes normative rules for leading a good life, and problematic and emancipatory discourses related to suicidality.

The first part of the dissertation enlisted Hymes's (1972) descriptive theory by teasing apart each component of his SPEAKING mnemonic as it pertains to the threads in SuicideForum.com, the communication scene in question. I examined these components in order to provide a more textured view of the discursive possibilities that are enabled or created. Having painted a more robust picture of SF, I then probed a modest sample of forum threads for the deep personal and social meanings radiating from participants' online discourse. Specifically, I tracked metacultural commentaries about being, relating, acting, feeling, and dwelling using Carbaugh's (2007) cultural discourse analysis. In doing so, I arrived at discursive pathways *to* and emancipation *from* suicidality mutually constituted and imagined by forum participants.

In this final chapter, I offer once more the key findings of the dissertation, after which I present its modest contributions to the literature—particularly, to the discipline of Communication and relevant fields of study, and to clinical and therapeutic practice. I

end with a somewhat extensive blueprint for future research avenues, outlining several ways the cybersuicide phenomenon can be situated within the wider discursive field. It is my hope that pursuing these paths will provide a complementary “eagle-eye” view to the “turtle-eye” view humbly offered by this dissertation.

### **Summary of Findings**

#### ***The Discursive Space of SF***

Central to the discursive architecture of SF are the participants who serve as its brick and mortar. SF users include lurkers/visitors who access content but do not post content; registered members who can participate in public and private discussions and chats; and staff and site administrators who moderate content and ensure site functionality. There are presumably over 27,000 registered members, and geographically, they are spread across the globe, though a majority hail from the Western hemisphere and from English-speaking countries. Communication is conducted primarily in English, which bars from participation users who can neither read nor write the language. Nevertheless, SF strives to be inclusive with regard to clinical profile, age, gender identity, sexual orientation, religious persuasion, and other markers of identity, as reflected in its mission statement as well as the site’s layout.

As with most websites and web platforms, the discursive architecture of SF reveals key values held by its sponsors, creators, and members (Wijetunga, 2014). For instance, the addition of new sub-sections to existing sections, and the transformation of once public spaces into gated areas, and vice versa, suggest an openness to accommodating members’ ever changing needs. Meanwhile, the segmentation of the Forums area into eight topical sections (and myriad sub-sections), reflects an awareness

that suicide is not isomorphic with any one condition or life struggle, but instead cuts across them. Elsewhere, the inclusion of informational and prescriptive articles, including those that mislead users seeking suicide methods into accessing articles that *discourage* suicide, reflect a commitment to minimizing harm and maximizing well-being.

In terms of features, the principal genre of communication in SF is the thread (Pink et al., 2016), which is polylogical, serial/sequential, and asynchronous. Members are able to stay connected at their own pace, contribute to multiple threads simultaneously, take their time to formulate responses, and with no limit to the length of posts, air their thoughts and feelings in however many words necessary. Although threads possess some symbolic variety, communication in the Forums is primarily text-based, though other, behind-the-scenes instruments on offer give talk in this space more nuance.

For instance, members can use signatures and avatars, through which they can project their actual, ideal, and/or ought selves (Sah et al., 2017) to the wider community. They can also ‘Follow’ other users and threads, a communicative function that obviates the need to compulsively check for new posts and primes users to offer timely support to those in crisis. They can adjust privacy levels by moving public conversations to private venues, and protect themselves from other users’ offensive content via the ‘Report,’ ‘Block,’ and ‘Ignore’ functions. In sum, the properties of the thread and various instruments are consequential for SF users’ presentation of self; relational maintenance and preservation of face; emotion management; overcoming of time and space constraints; and negotiation of boundaries between public and private.

Rules of conduct provide another layer of structuring to communication within SF. Consistent with the site’s “do no harm, promote no harm” principle, members are

prohibited from sharing suicide methods, discussing suicide plans, soliciting suicide partners, engaging in titillating talk, swearing at other users, et cetera. Violations of site rules are tracked and sanctions imposed via a 12-point warning system. Whereas explicit rules foster an atmosphere of safety through risk reduction, norms of interaction do so by maximizing users' sense of feeling supported, connected, and understood. Norms include, but are not limited to, grounding advice in personal experience, correcting negative self-evaluations respectfully, reciprocating offers of support, and expressing gratitude even when an advice proves to be unhelpful.

The above considerations work in concert to facilitate communication that is keyed as highly confessional—marked by openness with one's thoughts and feelings and respect toward others' (at times discrepant) viewpoints. Just as there are no limits to the length of posts, there are no limits to the intensity of feelings disclosed. Respondents attempt to be encouraging and empathetic, and respectful of others' right to agency and self-determination. Provided that rules and norms are followed, members are able to discuss a wide variety of topics beyond suicidality and mental health—again, reflected by the layout of the Forums—and pursue various ends, from cathartic ventilation, to discussing subjects that are otherwise taboo in offline contexts, to giving and receiving advice on crisis management and coping with life's challenges.

### ***Discursive Pathways to Suicide***

From SF members' discursive point-of-view, an individual has a self, and this self can be bifurcated. Bifurcations of the self can produce intolerable agony, including feelings of suicidality. The self can be divided across multiple axes—for instance, temporally (past versus present, real versus ideal) and interpersonally (socially acceptable



versus socially unacceptable)—and the sundered parts demand reconciliation. Though a split self is not necessarily problematic (in fact, it is expected in various other cultural milieus), for SF members it can be the source of much suffering.

Suicidality does not discriminate on the basis of social and demographic characteristics such as race-ethnicity, gender, class, faith, sexual orientation, and age (the specter of suicide can loom even in childhood). In other words, anyone can become suicidal, but no one deserves to be so. The suicidal person is trapped in a pendulum, oscillating between life and death, being and cessation, their sense of purpose bankrupted or evacuated of meaning. For the pendulum to be on the side of life, however, the suicidal person must regain purpose and establish or sustain meaningful connection to others. No person can exist inside a vacuum; to borrow the words of Heidegger (1927/2010), we are always *being-with-others*.

For the most part, SF members discursively attribute suicide crises to threats to the integrity of their social relationships. Such threats can take myriad forms: rejection of unacceptable parts of the self by others, separation or abandonment, abuse or betrayal, the perception that one is toxic to others, and the death of a loved one. Relational rupture may be real or imagined, sudden or foreseen, within or beyond one's control. A suicide crisis can also be triggered by relational difficulties from the past should they resurface in light of similar circumstances in the present, which serve as painful reminders. Though it may be difficult for persons who have never experienced thoughts and feelings of suicide to relate to suicidal individuals, it is not impossible, provided that they defer judgment and make sincere attempts to empathize. Conversely, treating a suicidal person

impersonally, pronouncing judgments, and withholding empathy can greatly exacerbate suicidality.

Discursively, the act of suicide is committed by the self, for the self. It is not necessarily selfish, however, for it can be enacted for a loved one's benefit, despite the ripple of pain it leaves behind in its wake. It is an agentic act, a way of taking matters into one's own hands, of seizing power in the cavern of powerlessness. Despite its intense emotionality, suicide is conceived as the product of careful thought, and one can think about it for a long time without making a move. A period of deliberation is the first act in what can be considered the five-act sequence of suicide. Acts two through four, respectively, are courting danger through risk-taking behavior; a "preliminary" attempt with no intention to die; and a "serious" attempt with the intention of losing one's life. Again, attempts are triggered by events that undermine one's connection to others. Should the serious attempt succeed, the person can be said to have "committed" suicide, the fifth and final act.

In terms of its etiology, suicide is not singular in cause but multiplex. It is the culmination of painful life events temporally distant and near, though from an outsider's perspective, suicide may appear impulsive when only proximal events are considered. Once considered, suicide will forever remain an option, a door through which anyone could walk at any time, suggesting that the decision to live is under constant negotiation. Having said that, suicide is seriously attempted only as a last resort, when pain has reached its highest pitch and the demands of life too insurmountable. Despite how endless suicidality may seem, one must fiercely hang onto life, for there is as much courage in staying alive as there is in overcoming the instinct to self-preservation.

A key affective component of suicidality is depression, an auratic feeling that envelops a person wherever s/he may go, debilitating both body and mind. Depression may arise from within or from without, though discursively, these two sources are not mutually exclusive. For that matter, depression that is felt in the present without an apparent precipitant, may actually be rooted in the faraway past. But despite the centrality of depression to the experience of suicidality, depression alone is not a sufficient cause. Suicidality is an amalgam of myriad other negative feelings, such as fear, anger, panic, and despair. Each is imbued with great intensity, a sense of ubiquity as well as interminability—though in reality, they too shall come to pass. To feel suicidal is so terrible that one would not wish it upon anyone.

In SF members' discourse, the relationship between suicidality and place is bi-directional. On one hand, one's perception of the world is inevitably colored by one's feelings. Suicidal feelings can render the world too small or too large, too asphyxiating or too terrifyingly lonesome. On the other hand, a problematic relation to place (and its inhabitants) can produce thoughts and feelings of suicide. A sense of entrapment, comparable to sinking in quicksand, can produce much anguish, but so can a sense of being unmoored to place (and one's body), with nowhere to belong. In either case, there is a glaring discrepancy between where one is (or is *not*), and where one ought to be.

To achieve temporary reprieve, one can construct and retreat to imagined spaces, which can open up windows to more hopeful ways of inhabiting the world. That is, until one can find an actual place, physical or virtual, where new ways of being, relating, acting, feeling, and dwelling can be jointly imagined, tested, and (with patience and time) realized. From the point-of-view of participating members, SuicideForum is such a place.

### *Discourses of Positive Treatment and Recovery*

What members say about SF to one another capture implicit notions of what they deem to be a “safe” place. A safe place is one where acute crises can be managed, comparable to an emergency room, except that it does not impose temporal limits on the frequency and duration of one’s visits. One can come and go freely without feeling shut in or shut out, neither trapped inside nor barred from participation in social life. This safe place is filled with mirroring others who have first-hand experience of the struggle with suicidality. These others “listen,” and one can safely share stories and ventilate feelings in such a place, without shame, fear of judgment, or reprisal.

No matter how tempting it is to end one’s life, suicide must be resisted at every turn. The acronym “HOPE,” which stands for “Hold On, Pain Ends,” is a powerful discursive hub in this regard. To facilitate resistance against suicide, SF members discursively provide one another emotional, esteem, network, and informational support—which can be grouped into action-facilitating and nurturing support, pertaining to avoidance of and coping with stressors, respectively (Cutrona & Russell, 1990). Radiating from their prescriptions for recovery are several metacultural commentaries about what, exactly, recovery from suicidality entails.

First, recovery is a struggle. There are no shortcuts, and it requires patience and perseverance to make incremental progress. One must press on, no matter how difficult the proverbial climb. Second, no step or action is too small or trivial; any action can stand between life and death, be it picking flowers, going out for a brisk walk, or checking the contents of the mailbox. Cumulatively, these actions are impactful and shape the quality of one’s life. Actions should contribute to one’s happiness, or at the very least, not

worsen one's unhappiness. Third, any progress made should be commended, even if on a particular day all one could do is get up from bed. That one strives to remain alive should be taken as evidence that one possesses inner strength.

One of the keystones of recovery is the cathartic ventilation of painful feelings that have been bottled, which are toxic to both body and mind. From the point-of-view of SF members, negative affect that have accumulated must be released, and the virtual space of the Forums can serve as a receptacle for these feelings. It is important, however, that the suicidal individual recognizes these feelings (and their precipitants) as valid; their validity must not be denied, for that may lead to the accumulation of negative affect in the first place. They must be allowed to run their natural course, their timetable (which varies from individual to individual) respected. While there is no single prescribed way to release these feelings, sharing the stories behind them is strongly urged so that one is no longer alone with them.

If relational rupture can sever one's relationship to life, it stands to reason that meaningful ties to others can re-establish and sustain such a connection. The realization that one needs the support of others is crucial for SF members. These others must be able to "listen," a highly complex communicative and relational act that involves more than just paying attention to another's utterance. Listening requires a willingness to suspend judgment; hear not just the words, but the feelings encoded in them; and be beside the person, which can be done virtually. Because listening is a communal act, it is transformative for all parties involved; the sharing of personal stories is cathartic for the speaker and a "gift" to be treasured by the listener.

The quality of relationships is more important than the quantity. Even a single relationship can make the difference between *being* and ceasing to be. Nevertheless, one is ultimately responsible for one's recovery; the other is but an anchor that grounds one to life. But true recovery is not only relational, it is also reciprocal; it means realizing the impact of one's suicide on others, that the well-being of others is just as important as one's own. One cannot be on the receiving end only; one must also give, and this is evident in SF members' supportive orientation to other members, and to outsiders beyond the Forums' virtual space. Overcoming a suicidal crisis once, gives one the strength to do so again. It also enables one to help others help *themselves*.

It is not enough for the suicidal person to continue living. One must also live *meaningfully*, and to do that, one must have a sense of purpose, a reason for being. Purpose can come from many different sources, including one's passions, aspirations for the future, and suffering, whose meaning is for the suicidal person to discover. In spite of hardships, one must change for the better, not worse. The ideal self that emerges in discourse, in the wake of a suicidal crisis, is not necessarily one that is whole, but one that is able to navigate its contradictory parts, in spite of all their tensions.

## **Research Contributions**

### ***Contributions to the Literature***

This study extends the applicability of cultural discourse theory and analysis—and by extension, theories of social interaction and culture and the ethnography of communication enterprise—to a new population. It does so by heeding Hecht's (2010) call to extend the concept of *culture* to groups of people not previously considered as such, and by applying Carbaugh's (2010) four-part communication theory of culture to

the speech community in question. Moreover, this dissertation shows the relevance of CuDA and EC to the study of online communities and their members' discursive practices.

It goes without saying that many intra- and interdisciplinary linkages were made throughout the research process and writing of the dissertation. Within Communication, these take the form of linkages between the literature on language and social interaction (LSI), on one hand, and computer mediated communication (CMC), on the other. For instance, the use of CuDA to tap into metacultural commentaries active in suicidal persons' online discourse, inevitably drew upon the literature on mental health support online (e.g. Eichhorn, 2008; Yeshua-Katz & Martins, 2013). We see this linkage again when I discussed how proprioception makes possible being beside another person in virtual space (Farman, 2012), which in turn enables the communicative practice of "listening."

But perhaps the most obvious example would be tailoring the components of Hymes's (1972) SPEAKING mnemonic to the online space of SF. In this case, platform studies naturally links with the EC enterprise. For instance, I illustrate how the discursive architecture and technical affordances of SF, blur the boundaries between public and private and shape members' co-creation of meaning and presentation of self. I also illustrate how therapeutic values held by sponsors and users can be objectified in the design of websites such as SF. Throughout, I endeavored to be sensitive to the continuities between face-to-face and mediated communication, while acknowledging the unique properties of CMC—evidenced by my discussion of the thread as a genre, for example.

Between disciplines, there are mutually enhancing crossovers between Communication and Psychology here, including linkages between the literature on cybersuicide and the cultural construction of meaning. As I have mentioned, the ‘psy’ disciplines have advanced our understanding of the relationship between internet and suicidality—by identifying beneficial and harmful content, contexts, and uses, and the factors that predispose *individuals* toward such uses. However, without eschewing these contributions, the ‘psy’ disciplines’ monopoly on the subject, and the general lack of involvement from other fields, including Communication, have caused cybersuicide studies to retread the same steps.

Though the shoes are different—with newer forms of digital technologies subject to ongoing scrutiny, as they should be—the walkway has remained the same. The ‘Internet’ (with capital ‘I’) is conceptualized as monolithic, its effects uniform and rigidly deterministic of human behavior. It is also thought of primarily as a *tool*. Users are conceived as passive recipients of harmful or beneficial content, and the unit of analysis is the individual, who suffers from an underlying pathology.

The present study does *not* discount these equally valid ways of seeing. For instance, my cultural discourse analysis inevitably taps into the benefits and potential drawbacks of online participation. However, these are grounded in participants’ own terms, meanings, and values. Moreover, by centering the *community* rather than the individual, by seeing the internet (with lower case ‘i’) as a *space* and *way of being*, and by foregrounding internet users’ agency in co-creating meaning, new insights (however modest or preliminary) have emerged.



### ***Clinical and Therapeutic Implications***

The present inquiry began with CuDA's theoretical mode in its conceptualization of "suicidal" persons as constituting a speech community and cultural category, as opposed to a clinical and diagnostic category. It then segued to the descriptive mode by unpacking each component of Hymes's (1972) SPEAKING mnemonic as they pertain to the virtual space of SF. The rest of the dissertation plumbs CuDA's interpretive mode—by tracking metacultural commentaries about problematic and emancipatory ways of being, relating, acting, feeling, and dwelling that radiate from SF members' online discourse. Throughout, strips of descriptive data were provided, and occasional forays into the comparative mode were made—for instance, by calling attention to notions of a bifurcated self in other speech communities (Geertz, 1973; Kotani, 2002). This brings us to CuDA's fifth and final mode, the critical mode.

As mentioned, CuDA does not preclude critique; rather, it states only that systems of inequality must not be assumed *a priori*. In the case of SuicideForum, it has become apparent in my analyses that there are some discrepancies between participants' own terms and meanings, and the clinical portrait of suicidal persons as enshrined in the clinical literature, with which I am familiar given my previous background and training in psychology and suicidology. In the previous chapter, I have called attention to natural and academic criticisms that emerge from SF members' online discourse, and made modest suggestions as to how they may allow us to augment, remediate, or rethink existing practice. I reiterate some of those suggestions here.

Current treatment regimens emphasize expediency, sometimes at the expense of long-term engagement and depth. In light of participants' own terms and meanings, the

drama of suicide consists of a five-act sequence that varies greatly in duration from person to person. Phrased another way, there are at least five critical junctures at which clinicians (and loved ones) can meaningfully intervene, but doing so not only requires knowledge of these junctures but the patience to stick it out. Patience is also required given that suicide, once considered, will forever remain an option. Even when a client is deemed “recovered,” the professional must brace him/herself for the possibility that the client might experience another suicidal crisis in the future and return to the consultation (or emergency) room.

Enduring thoughts of suicide are not easily whisked away by psychotropic medication. On the other hand, there is a growing body of evidence suggesting that pharmacologic intervention might actually increase thoughts of suicide in particular segments of the population, such as teenagers and young adults (Breggin, 2009; Whitaker, 2010). Moreover, because suicidality implicates multiple affective states simultaneously, including but not limited to depressed mood, targeting these feelings will likewise take time. The temporal dimensions of affect need also be respected. To repeat what one SF member had said: “What takes one heart 50 days to heal, will take another heart 2 years to heal.” Taking one’s time to sit with emotional pain is counterdiscursive and goes against the efficiency enshrined in multiple iterations of the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2000, 2013). To meet the patient halfway, the clinician must forgo rigid adherence to dogma and not be so quick to pathologize ways of regulating emotion that do not meet standard definitions of normalcy.

Since the path to genuine recovery is long and arduous, incremental steps, no matter how small or trivial on the surface, are deeply meaningful and should be

commended. In an uphill climb, one step up is still progress. There is also a need to foreground the role of the other in helping the suicidal person make this climb. While the biopsychiatric model acknowledges the role of social relationships in the etiology and amelioration of suicidality, it does not see it as *constitutive*, which is at odds with SF members' point-of-view. Tempering biomedical views of suicide with relational models opens up many hopeful avenues for recovery. For instance, it can lead to an acknowledgment of the possibility that endogenous depression that seems to arise from within (e.g. biochemical imbalance), without an apparent external precipitant, could well be depression stripped of its original, relational context (Atwood, 2012). It can also lead to serious reconsideration of the therapeutic encounter as a human encounter.

Ideally, during such an encounter, the therapist or clinician will practice the communicative art of "listening." S/he will listen to stories not for symptoms, the way a physician listens for heart murmurs in order to arrive at a diagnosis, but to the beats and rhythms, the crests and troughs, the vicissitudes of life itself. Instead of dogmatic adherence to the principles of reality-testing, s/he will see the patient's retreat into fictive and symbolic spaces not as mere escapism, but as attempts to imagine how life could be better so that one could continue living. The mental health professional will respect the agency of suicidal persons—not by condoning the decision to end one's life, but by enlisting them as active participants in their own recovery, rather than passive recipients of intervention and care.

The professional who "listens" will resist the impulse to police language and instead, facilitate an open discussion about suicide, without the threat of psychiatric hospitalization looming over the encounter. As others have noted (e.g. Atwood, 2012),

the specter of confinement has a silencing effect on the suicidal person and may exacerbate the taboo of suicide. And while (involuntary) hospitalization may thwart imminent threats of suicide, it is positively correlated with future suicide attempts and completed suicides (Whitaker, 2010). The professional who “listens” will also help the suicidal person manage his/her spoiled identity and emphasize the social and communal good of staying alive. Lastly, they will reframe the sharing of personal stories and feelings as courageous, which may facilitate help-seeking among segments of the population most reluctant to seek help, including suicidal men (Mocarski & Butler, 2015). These ideal scenarios are applicable not only to the therapeutic encounter, but to any encounter between suicidal persons and empathetic others in their lifeworld.

### **Directions for Future Study**

The present study opens up new and exciting pathways within and beyond the discursive space of SuicideForum.com. For starters, my analysis focused on the discursive terms, actions, norms and their meanings to SF members, writ large. There is a need to look at within-group variation by focusing on one subgroup of users at a time. Recall that suicidality is co-morbid with various other mental health conditions, including, but not limited to, disordered eating, psychotic symptomatology (delusions, hallucinations), anxiety (generalized, obsessive-compulsive, social phobia), and so forth, which in turn may be co-morbid with one another. A deeper look into each of these subgroups’ online communicative practices would likely yield fruitful insights. For an example, see Alvarez (in press), which examined the discursive meanings of “self-harm” to SF users who engage in routine, non-suicidal self-injury.

The methods employed here were limited to those who actively participate in the Forums. I could not account for the activities of *lurkers*—or “listeners” in Crawford’s (2009) parlance—who leave no apparent traces of participation, and from a discursive point-of-view, pose challenges to the researcher. As Orgad (2009) points out based on her interviews with breast cancer patients who lurked in breast cancer forums, lurking enables users “to learn about others’ experiences and to relate their own situation to that of others without having to necessarily expose themselves and their feelings” (p. 14). Given the heavy traffic of SF, it is reasonable to believe that something similar may be happening there. Conducting interviews with SF lurkers, whether mediated or face-to-face, would be a productive and logical next step. Such an inquiry could reveal the meanings derived by lurkers, their reasons for refraining from more “vocal” forms of participation, and whether digital divide issues may be at play (Bobkowski & Smith, 2013; Chib & Jiang, 2004; Friemel, 2016; Hargittai, 2002; Madianou, 2014; Wijetunga, 2014).

When conducting ethnographic interviews with suicidal persons, one could apply the lessons learned from this study by also treating the researcher/research subject encounter as a human interactional encounter involving specific discursive practices. In fact, the recommendations for clinical and therapeutic practice I have outlined above are consistent with Michel and Valach’s (2011) recommendations for interviewing suicidal subjects, which see them as the experts of their story. The interviewer must be non-judgmental, empathetic, and listen attentively, showing genuine interest and concern for participants’ well-being, as well as sensitive attention to the way subjects discursively construct their specific stories. S/he must avoid rigid question-answer formats premised

on domination, which could recapitulate the feeling of being impersonally processed that many suicidal persons experience during clinical or intake interviews. Such a cold interviewing style, according to Michel and Valach (2011), leaves little room to “discover the person” (p. 66) and could even exacerbate a participant’s suicidality. Instead, one should probe gently for clarification and elaboration and alternate question formats so that participants feel they are engaging in conversation.

The present study was limited to the expressive activities of one particular speech/discursive community. To honor CuDA’s fourth investigative mode, the comparative mode, which places communicative practices in comparative context, one could go further by tracking problematic and emancipatory ways of being, relating, acting, feeling, and dwelling that radiate from other suicide-related forums, and from other online mental health communities writ large. Obviously there are going to be *many* contenders, but as I was considering my options for this dissertation, two candidates emerged. The first is PsychCentral, arguably the largest mental health social network on the internet. Founded in 1997 by Dr. John M. Grohol, a clinical psychologist who lost his childhood friend to suicide, PsychCentral has 250 support groups, 500,000 members, and 7 million unique visitors per month (PsychCentral, n.d.). Like SF, it has forums dedicated to every major psychological phenomenon, including trauma and abuse, alcohol and drug addiction, borderline personality, schizophrenia and other psychoses, disordered eating, anxiety disorders, and of course, depression, suicide, and self-harm. The second contender is alt.suicide.holiday, or ASH, the oldest Usenet newsgroup dedicated specifically to suicide. Unlike SF and PsychCentral, ASH is completely unmoderated. Although ASH’s services have been indefinitely suspended, its message boards have

been archived in several sister sites. A comparative study of SF, PsychCentral, and ASH would yield fascinating insights, to say the least.

Stepping outside SF, one could broaden the scope to encompass the wider ecology of information and communication systems. Toward this end, a media ecology approach holds promise. Given that media ecology and the ethnography of communication enterprise have a shared lineage in general semantics (Lindlof & Taylor, 2011; Strate, 2017), this would not be unwarranted. As Strate (2006) points out, media ecology is both a perspective and an approach with a robust history yet no single point of origination, although McLuhan (1964/2003), Ong (1982), and Postman (1985/2005, 1992) are often credited with being its “three prime nodes” (Strate, 2006, p. 20), with the likes of Mumford (1934/2010), Innis (1951), Meyrowitz (1985), and Turkle (1995, 2010) esteemed as members of this pantheon. It goes without saying that media ecology cuts across disciplinary boundaries, and that the list of scholars who practice it is far more extensive than what I have provided. But however dissimilar its applications may seem, several recurring themes set media ecology apart from other enterprises.

First, media ecology emphasizes medium and process over content, focusing on “the means and methods, the techniques and technologies that bring about change” (Strate, 2006, p. 103). Second, it foregrounds the *materiality* of media, which we draw upon for the content of our messages, and which form the environments within which we communicate. Third, it considers the interactions between different forms of media, between human beings and their media environments, and between communication systems and larger place-based systems. The interplay between the symbolic, technological, and biophysical environments enables certain communicative possibilities

while discouraging others (Strate, 2017). Quoting McLuhan, Strate (2006) writes: “you can do some things on some media that you cannot do on others” (p. 18). Lastly, media ecology moves away from the myopic focus on individual platforms’ affordances, toward integrated media environments and their combined affordances.

A media ecology approach could inquire, again via ethnographic interviews, into the media and non-media practices of individuals with a history of suicidality; the communicative needs met by various ICTs; and participants’ views of said technologies. From a media ecology perspective, the formal properties of ICTs not only influence content, they also structure a macro-level in which the creation of meaning takes place at the micro-level. In line with the view that choice of media is constantly evolving to keep pace with changing emotions and relational dynamics, and that users are rational agents who capitalize on the environment’s *composite* affordances (Madianou, 2014), one could also investigate how the symbolic, technological, and biophysical environments (in tandem) facilitate, constrain, and shape the communicative possibilities available to persons wrestling with thoughts and feelings of suicide.

To better understand the activities of suicidal persons on SF and other suicide-related platforms, it may be worthwhile to situate their communicative practices within larger discursive formations. As Carbaugh (2007) notes, there is no such thing as communication that takes place in a vacuum, for every communicative scene is part of a larger cultural landscape, a wider discursive field. My dissertation provided a “turtle-eye view” of this cultural landscape by zooming in on SF; switching magnification so that we also capture an “eagle-eye view” would be an equally worthy endeavor. One possible avenue is to analyze representations of the cybersuicide phenomenon in film and



television, news media, and other pop cultural registers, in order to arrive at broader cultural assumptions and anxieties embedded therein.<sup>11</sup>

With regard to films: films are powerful instruments for reflecting and shaping reality, for they can naturalize or subvert social and ideological assumptions that are prevalent in the culture at large. With imagination as the conduit, films and other moving image media can also serve as windows to self and other, to places near and far, and to possible lives (Orgad, 2012). In the realm of suicide's representational history, numerous scholars have examined films for their degree of correspondence with empirical reality (Stack and Bowman, 2009, 2011; Stack, Bowman & Lester, 2012); for their alleged impact on at-risk populations (Pirkis et al., 2005; Pirkis & Blood, 2010); for their pedagogical utility and value (Hyler & Moore, 1996; Tattersall & Kelly, 2002; Trbic, 2006; Wedding & Niemic, 2014); and for the deep cultural messages they contain. Such messages can advance prevailing ideologies (Aaron, 2015; Camy, 2009; King, 2012); reinforce or challenge assumptions about stigmatized individuals (Cover, 2010; Gran, 2011; Russo, 1987); and raise ethical issues regarding the right to live and to die (da Rocha, 2009; Dolmage & DeGenaro, 2005; Fouz-Hernandez & Martinez-Esposito, 2009; Frowe, 2009; Lutfiyya, 2009; Pavlides, 2005).

In contrast to the relative abundance of studies on cinematic suicide, there is a dearth of writings on filmic depictions of cybersuicide, as Stamenkovic (2011) has observed, which he attributes to the Western bias of privileging speech over image, the hypertextual over the hypervisual. But if the rich literature on cinematic suicide is any indication, there is much to be gained from examining filmic representations of

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<sup>11</sup> Just as writings on moving image media representations of cybersuicide are scarce, so too are writings on news coverage of website related suicides. Two examples come from Thom et al. (2011) and Alvarez (2018), who write about the phenomenon in New Zealand and Japan, respectively.

cybersuicide. Examples abound, including *alt.suicideholiday.net* (Verbeek, 2005), *Chatroom* (Nakata, 2010), *@SuicideRoom* (Komasu, 2011), and *DISconnected* (Libman, 2011), just to name a few. These particular films take suicide as an avowed focus rather than a mere plot point; are based on real-life incidents; share the theme of suicidality as precedent to internet use, as opposed to internet use as precedent to suicidality; and treat virtual space as a space in its own right, illustrating different ways in which community can be enacted online.

Pursuing these paths will hopefully show that the meaning of the cybersuicide phenomenon can be located at multiple junctures: between text and image, hypertext and context, medium and content, structure and feeling. It is also hoped that refocusing the aperture back and forth, from a “turtle-eye” view to an “eagle-eye” view, will shed light on the myriad ways suicidal individuals discursively co-create meaning in our complex, media-centric environment.

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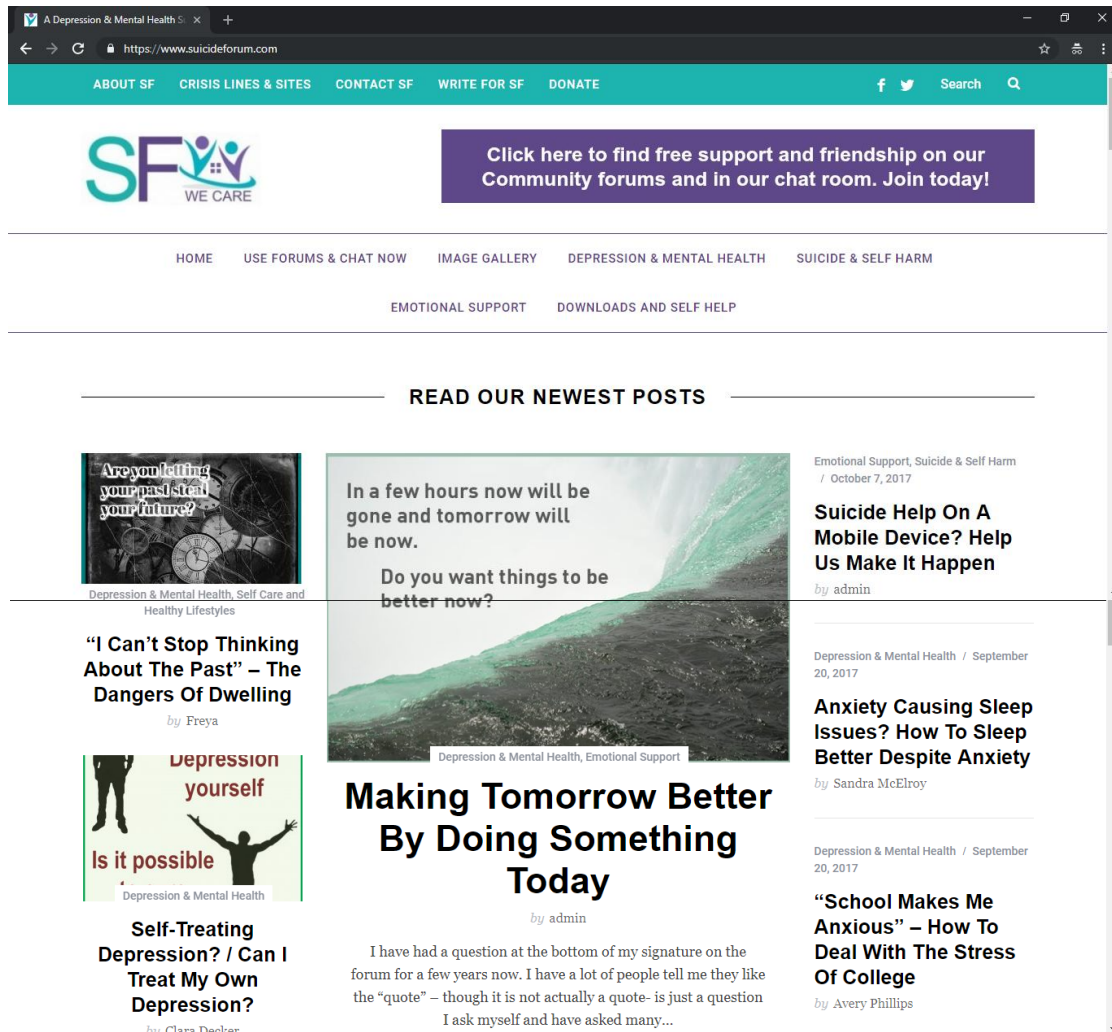
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# APPENDIX

Figure 3.1



The homepage of SuicideForum.com. At the top of the page are links to the other areas of the site, both static and modifiable. The rest of the page previews recent articles posted in the “Depression & Mental Health,” “Suicide & Self Harm,” and “Emotional Support” areas.

Figure 3.2



A snapshot of the “About SF” page, which contains the site’s Mission Statement. It provides a brief history of the site’s development, information on website traffic and volume of participation, and a clear statement of its “pro life” standpoint and supportive orientation to users.

Figure 3.3

**Contact SF**

Your Name (required)

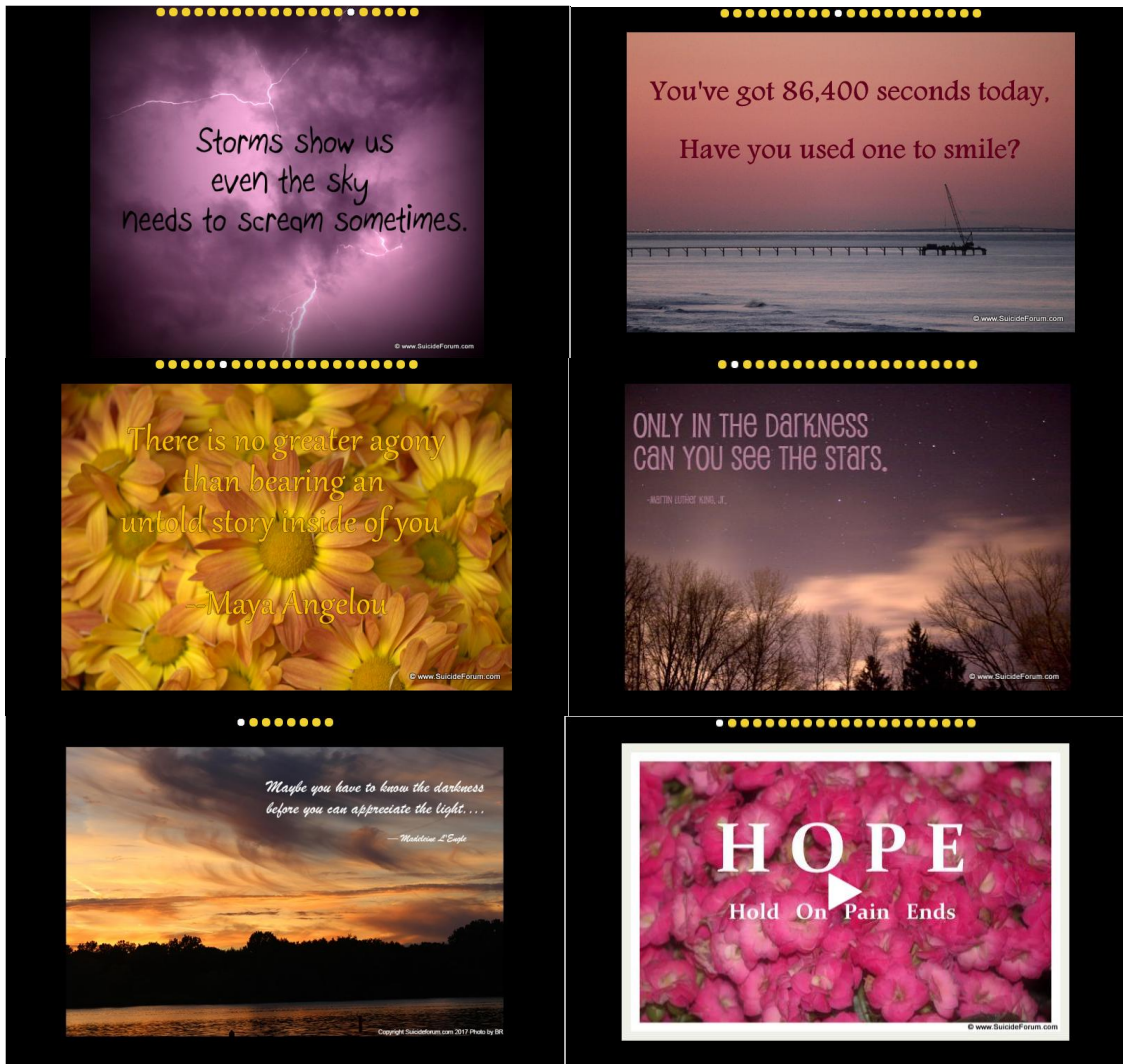
Your Email (required)

Subject

Your Message

This webform in the “Contact SF” page allows visitors and non-registered users to contact staff and administrators with questions or concerns, or to pitch original articles for the website’s readership. Registered members can reach staff via more direct channels (e.g. Private Message and Chat).

Figure 3.4



Examples of the text-image mashups that can be found in the website's "Image Gallery." These mashups contain powerful discursive hubs (e.g. "HOPE"), and invoke cultural premises (e.g. the power of catharsis, survivors' obligation to others' well-being) that are active in members' forum discourses.

Figure 3.5

The screenshot shows a forum interface. At the top left is the 'SF' logo with a stylized human figure. To the right is a 'Log in or Sign up' link. Below the logo is a navigation bar with 'Home', 'Forums', and 'Donate' buttons. Underneath is a 'Recent Posts' section. A breadcrumb trail reads: Home > Forums > Support and Advice > I Have a Question... >

### How do I deal with a sociopathic older sibling?

**JCC988**  
Well-Known Member

I wrote earlier that I thought my sister is at least somewhat of a sociopath. My question is how do you deal with someone like that?

JCC988, Jun 9, 2017 #1

**PaladinofKnights**  
Forum Pro  
SF Supporter

Try to get her treatment if it becomes an emergency and she really gets violent call 911. Did i msg you this earlier?

PaladinofKnights, Jun 10, 2017 #2

**JCC988**  
Well-Known Member

PaladinofKnights said: ↑  
*Try to get her treatment if it becomes an emergency and she really gets violent call 911. Did i msg you this earlier?*

You did. We can't involve the authorities though because they will probably throw my mother in a nursing home which I promised to keep her out of. Then of course I'll be all alone with no family.

JCC988, Jun 10, 2017 #3

Then you have to help her yourself or get help some other way. Get people on ur side.



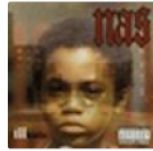
PaladinofKnights, Jun 10, 2017

#4

**PaladinofKnights**

Forum Pro

SF Supporter

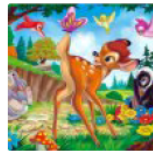


**udiyfygmyiyd**  
Member

Sociopathy could be defined as someone who doesn't have the ability to empathize with others. While it is not really a mental illness (anymore) it is now called Antisocial Personality Disorder, and it does have to be diagnosed. If your sibling isn't already receiving treatment, make sure to let your sibling and or guardian know treatment is available. One way to interact with someone with this issue is to be natural. Help explain how you feel in response to certain situations. Even if someone doesn't FEEL empathy, they could possibly understand that other people are effected. The best advice is to help them recieve treatment, and to support them through this.

udiyfygmyiyd, Jun 19, 2017

#5



**Petal**  
SF dreamer  
Staff Member

Has she been diagnosed as a sociopath or is that a guess/shot in the dark? You deserve to be treated better, encourage her to seek help and go along with her to help and aid her. Maybe she needs you as much as you need her. I hope today is a better day for you.

Petal, Jun 19, 2017

#6

Safety & Support

SF Supporter

(You must log in or sign up to reply here.)

Home ► Forums ► Support and Advice ► I Have a Question... ►

An example of a thread in the Forums area. This particular thread has four participants, each represented by an avatar and handle/username. The author of the first post is the topic/thread creator (TC), who sets the agenda of that thread. As this example illustrates, given the asynchronous nature of threads there may be noticeable delays between posts. Many threads on SuicideForum involve a greater number of participants and span longer periods of time. One thread I analyzed consisted of 199 posts and spanned 52 weeks.

Figure 3.6

The screenshot displays the Suicide Forum website interface. At the top, there is a navigation bar with 'Home', 'Forums', and 'Donate' links. Below this is a 'Recent Posts' section. A cookie consent banner is visible, stating 'This site uses cookies. By continuing to use this site, you are agreeing to our use of cookies. Learn More.' The main heading is 'Suicide Forum - Depression and Mental Health Support Forums and Chat - For People in Need'. Below the heading are three featured posts: 'User Guide & Getting Started on SF', 'Guidelines and Policies', and 'Forum Rules - Please Read'. To the right, there is a 'Sign up now!' button and a 'Notices' section with several announcements. The main content area is divided into several categories, each with a list of forum topics and their latest activity. The categories include 'All About SF', 'New Members - Welcome to SF', 'Suicidal Thoughts and Feelings', 'Self Harm & Substance Abuse', and 'Road to Recovery'. On the right side, there are three additional widgets: 'Members Online Now' showing 55 members, 'New Posts' with a list of recent forum posts, and 'Forum Statistics' showing 139,450 discussions and 1,459,114 messages. At the bottom right, there is a 'Donate' section with a progress bar showing 94% completion towards a goal of 235 USD.

**Home Forums Donate**

Recent Posts

Home Forums

This site uses cookies. By continuing to use this site, you are agreeing to our use of cookies. [Learn More.](#)

**Sign up now!**

**Notices**

SF Runs entirely on donations from members and with any leftover expenses paid for by the site admin. We like SF advertisement free. If you like SF please consider a small voluntary donation towards costs.

SF Town Hall meeting 22nd September- 3:00pm EST (NYC); 8:00 pm GMT/UTC (London); 6:00am (23rd) Brisbane, Australia; 9:00am(23rd) Wellington, NZ Chat Room opens 30 mins prior to meeting for socializing and to get best seating.

SF Mobile App is now being set up! Thank you to all that have donated to enable it!

**Suicide Forum - Depression and Mental Health Support Forums and Chat - For People in Need**

**User Guide & Getting Started on SF**  
A Quick Start Guide and tutorial with pictures to help you make the most of SF Forums and Chat

**Guidelines and Policies**  
A more detailed explanations of the forum rules and **the guidelines within which we require members to operate while using the site.** Following these rules and using the tips will allow you to get the most from SF Safety.

**Forum Rules - Please Read**  
Want to Chat about suicide and depression or looking for help with anxiety?  
**Please Read the rules first - UPDATED January, 2018**

**All About SF**

**Forum News & Updates**  
Discussions: 76 Messages: 944  
Latest: SF Logo Rockclimbinggirl, Saturday at 1:18 PM

**Troubleshooting**  
Discussions: 317 Messages: 2,037  
Latest: Was this site down earlier? bayvasp, Thursday at 11:34 PM

**New Members - Welcome to SF**

**Welcome**  
Discussions: 6,547 Messages: 104,710  
Latest: How Are You Feeling Right Now? Jolene, 54 minutes ago

**My Story**  
Discussions: 3,714 Messages: 31,015  
Latest: A question Kivi2016, Today at 10:28 AM

**Member Information & Resources**  
Discussions: - Messages: -  
Mental Health Articles, News, and Media

**Suicidal Thoughts and Feelings**

**Suicidal Thoughts and Feelings**  
Discussions: 28,118 Messages: 260,094  
Latest: If the world ended tomorrow ho... Lulabelle, 7 minutes ago

**I Don't Feel Safe**  
Discussions: - Messages: -  
(Private)

**Help Me! I Need to Talk to Someone.**  
Discussions: 9,214 Messages: 79,749  
Latest: Still holding on to love... brightlight, 30 minutes ago

**Self Harm & Substance Abuse**  
Discussions: - Messages: -  
(Private)

**Road to Recovery**

**Strategies for Success**  
Discussions: 260 Messages: 3,401  
Latest: List one positive thing you are lo... Lightsout, Today at 8:59 AM

**Positive Feelings and Motivational Messages**  
Discussions: 1,790 Messages: 15,770  
Latest: Reasons to live rebecca spins, Today at 5:53 AM

**Self Care and Healthy Lifestyles**  
Discussions: 549 Messages: 10,040  
Latest: September healthy eating and w... sassy121, 34 minutes ago

**Therapy and Medication**  
Discussions: 1,146 Messages: 9,186  
Latest: duloxetine 1964dodge, Today at 5:54 AM

**Members Online Now**  
Lulabelle, 1964dodge, may71, SBV24, closetolove, Charlie10088  
Total: 55 (members: 12, guests: 37, robots: 6)

**New Posts**

**Post your 'petty' complaint here**  
Latest: SBV24, 6 minutes ago  
Rants, Musings and Ideas

**If the world ended tomorrow how? wh...**  
Latest: Lulabelle, 7 minutes ago  
Suicidal Thoughts and Feelings

**Rapist just clearly admitted what he ...**  
Latest: Lulabelle, 11 minutes ago  
Rape and Abuse

**Jim's Cafe - Wednesday, September 1...**  
Latest: 1964dodge, 13 minutes ago  
Jim's Cafe

**Suicidal Thoughts - Are you Feeling Su...**  
Latest: 1964dodge, 23 minutes ago  
Suicidal Thoughts and Feelings

**Forum Statistics**

Discussions:	139,450
Messages:	1,459,114
Members:	46,600
Latest Member:	Skyler Stiner

**Donate**

Goal amount for this month: 235 USD, Received: 220.00 USD (94%)

**94%**

**Donate**

VISA MASTERCARD AMERICAN EXPRESS



The screenshot displays a forum layout with several main sections, each with a teal header bar. The sections and their sub-sections are as follows:

- Let It All Out**
  - Rants, Musings and Ideas** (Discussions: 13,032, Messages: 89,136) - Latest: Post your 'petty' complaint here SBV24, 8 minutes ago
  - Members' Diary
  - Members' Private Diary
- Support and Advice**
  - I Need Some Practical Advice** (Discussions: 429, Messages: 4,451) - Latest: How do you cut off family when ... AlexMarie7, Today at 8:32 AM
  - I Have a Question...** (Discussions: 5,639, Messages: 49,429) - Latest: GP leaving :( Lulabelle, Today at 2:58 AM
- Family, Friends and Relationships** (Discussions: 2,409, Messages: 24,835) - Latest: Plenty of fish in the sea brightlight, Today at 10:19 AM
- Appearance and Body Image** (Discussions: 139, Messages: 1,480) - Latest: Skin doesn't lie Petal, Sep 10, 2018
- The Gathering**
  - The Coffee House** (Discussions: 6,608, Messages: 312,751)
    - Jim's Cafe
    - The Gameroom
    - Midnight Owl
  - Opinions, Beliefs, & Points of View** (Discussions: 2,596, Messages: 50,164) - Latest: Food For Thought 2 Aquarius123, Today at 8:24 AM
    - Faith Based Support
  - Member Contributions** (Discussions: -, Messages: -) - Latest: (Private)
    - Poet's Corner
    - Member Artistic Creations

At the bottom, there is a navigation bar with 'Home' and 'Forums' links, and a footer containing 'Forum software by XenForo™ ©2010-2016 XenForo Ltd.' and 'Contact Us Help Home Top Terms and Rules'.

The Forums is the most bustling area of the site, containing 1.4 million posts nested within 120,000 discussion threads. The area is divided into topical sections, which are further divided into sub-sections. The architecture of the Forums is always in flux to accommodate members' changing needs. The snapshot above captures the Forums at a time when the "You Are Not Alone" section, and its eleven sub-sections, did not yet exist and were subsumed by other sections. The greyed out (sub)sections are not publicly visible and are accessible only to registered members.